AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every tiem of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ITON is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

S. No. 1

Company of males bland	* 47 5 DAZE . S.ID	OFFICIOATE	0 P		Call Street Service
SIAIE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	4125

1. PLACE OF DEATH			
County Baltimore	Registration Dist. No. 3		
Village or City Catons Ville	No. Warne Nursing Home St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. If of foreign birth?yrsmos,ds.		
2. FULL NAME JOHN W, ABELL	If U. S. Veteran, specify WAR		
(a) Residence: No. — MITh WOOD AVE. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5/pg/Le	21. DATE OF DEATH  5 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from $O(6, 1)$ 1949, to $O(6, 1)$ 1957		
6. DATE OF BIRTH (month, day, end yeer) Aug. 8, 1870	I last saw h_1971   alive on MA 4		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
00   d   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or perticular kind of work done, as SPINNER, AKNOWEN SAWYER, BOOKKEEPER, etc	Broncho pusumon id, Torminal May 5, 195,		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and			
10. Date deceased lest worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) 44434	Other Contributory Causes of importance:  Myper Tougive Namy Diseasy  Asthmatic Branchiti's		
13. NAME George Abell 93d	Artorioschorosis		
13. NAME George Abell 93d  14. BIRTHPLACE (city or town) (Stete or country)	Name of operation. 20 5 Date of		
15. MAIDEN NAME Mary Benson	23. If death was due to external causes (VIOLENCE) fill in elso the following:		
15. MAIDEN NAME Mary Benson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Dar They Welst (Address) 248, Madison ST	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL BURIAL	Manner of injury		
Place 27 hedr 2 / Date 5 / /2/, 195/	Nature of Injury		
19. UNDERTAKER M. Faher & Sons (Address) 401 SUFFOLK Rd18	24. Was disease or injury In any way related to occupation of deceased? 40		
20. FILED 5/11 , 19 5 ( Aw. (Kaden)	(Signed) Kanduly H. Africhery M. D.  (Address) 5010 Denmone and Falts rud		
To more blanks are availed add as Company			

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			T. MINISTER	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2411 N. Charles Street, Baltimore

04555

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BOY TIME MARYLAND	STATE 2629 TRA a Posed COUNTY Junior	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) Towsoff (in this place)	TOWN TOWN TOWSON	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 2629 Jobba Rd.	ADDRESS 2629 JORRA Road Baltinois	
3. NAME OF (First) (Middle)	(Last) A. DATE (Month) (Day) (Ye	ear)
(Type or Print) (limpabeth G. altrand	DEATH /V/A / 19	951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday Wunder 1 year If under 2. Mooths, Days Hours 1	4 hrs
French White WIDOWED, DIVORCED, (Specify) Middle	The state of the s	
10s. USUAL OCCUPATION (Give kind of work done during most of working Me, even if retired) INDUSTRY//	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF W COUNTRY)	HAT
done during most of vorking file even if retired) INDUSTRY HOUSE LINE TE	york o Ja: nse:	9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Millian M. linderson	dydia Met	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give was or dates of	17. INFORMANT AND ADDRESS	26
No service) None None	Wallain & althand 2629 4000 for	19
18. MEDICAL CE	ERTIFICATION INTERVAL BETW	/32322 Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	
Poully al	Les on Sector O	
Immediate cause (a)	and the state of t	12
3 Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	
giving rise to the above cause stating the underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	I 20. AUTOPSY	7
	Yes 🗆 No	0 17
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
The state of the s	10 FA . F = 17 - 10 F 1 12 1 2 1	
22. I hereby certify that I attended the deceased from July	, 19.2.4., to	ed
alive on 5 15 1951, and that death occurred at	9:20 17.m., from the causes and on the date stated above.	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNI	ED
C. W. Yeake M. P. 450		4
Tree (OVIA & (Specific)	SRY OR CREMATORY   LOCATION (City, town, or county) (State	5
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS	
REG. 5/17/51 (1W Helrich	John Burns' Sons, Towson, Maryland	
1 6 4		

Reg. Dist. No.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	ıı.		2. USUAL RESIDENCE (	HOME) OF DECEASED	OUNTY B, 27:
COUNTY B	2timore	MARYLAND	1.017	1040	
CITY (If outside c	corporate limits, write RURA	L and LENGTH OF STAY		rate limits, write RURAL	and give nearest town)
OR give nearest	ITTE River	(in this place)	TOWN	hase	
HOSPITAL OR		7 4134	STREET	(If rural, give loca	
INSTITUTION OF	R Jvy Hall	Nursing Home	ADDRESS /4a	rewood 6	Park Rd.
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print)	Kate	Appel	Apple	OF DEATH M	
5. SEX	6. COLOR OR RACE	WIDOWED DIVORCED.	8. DALE OF BURTH	9. AGE last hirthday   I	Months   Days   Hours   Min.
1=	W	(Specity)	6/29/76	/4 yrs.	
10a. USUAL OCCUP	ATION (Give kind of work	10h. KIND OF BUSINESS OR	II. FIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of v	working life, even if retired)	INDUSTRY	W. VA.		COUNTRI USA
13. FATHER'S NAM	1E		14. MOTHER'S MAIDE	N NAME	
AURUST NE	DEIMEYER		LOUISE C	182	
15 Was Dromasen F	THE THE TENTO	?   16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, ho) or unknown)	(If yes, give war or dates of laervice)	of	MRS. LT. HENNLE	IN HAREWOOD	PK. O.RIVE
	(set vice)	18. MEDICAL CE			
			arit ioniion		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY				ONSET AND DEATH
		Confestive	e Heart	Failure	1 month
Immediat	e cause (a)				
Antonodo	nt cause(s)	2 4	d. C. 1.		2
	conditions, if any, (h)	rteriosclero	TIC LATGION	98CA(91 ~	12892 <i>K</i>
22 . giving rise t	to the above cause underlying cause last				
stating the	inderlying cause last				
II OTHER SIGNIE	ICANT CONDITIONS				
Conditions contrib	usting to the death but not	h. Severe	Anemia	Chronic 20	Pear of st. lea
related to the disea	ase or condition causing deat	FINDINGS OF OPERATION		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20. AUTOPSY?
198. DATE OF OIL	1011				Yes 🖂 No 🎮
ar + GOVDENIM	(See site)   DI A	CE (Home, farm, factory, street,	: (CITY OR	TOWN) (CC	UNTY) (STATE)
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	office hldg., etc.)	(0111 011	10//1/	(01111)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY -	m.	While at Not While Work At work			•
22 I hereby cor	tify that I attended the	e deceased from. Fe b	195/ to Man	71, 19.51, that I	last saw the deceased
alive on	74 30, 19 51, an	d that death occurred at	m., from th	e causes and on the	date stated above.
SIGNATURE	1 / 20	(Degree or title)	ADDRESS	3 - 1	DATE SIGNED
than	10. 111	Mary 1/12	6801 Be	Cair Rd.	6) 31 Man 51
0	MATION   DATE THERE	OF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town.	or county) (State)
23. BURIAL, CREM REMOVAL (Spe		A A K I A	1/ 1/		E.G.MD
BUILIAL	1 4 7 7 0	1 OAL FU	A PATHEDAT DIDECT		ADDRESS
DATE REC'D BY	LOCAL REGISTRARS	SIGNATURE	24. FUNERAL DIRECT	3/ 20 12	ADDRESS
MEG.	-51	1	Clareny + MOHN	um 1027 121	-oursery

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A16

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04557

	teg. Dist. No	J•
1. PLACE OF DEATH- COUNTY  Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	y Belt
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (It outside corporate limits, write RURAL and give OR TOWN	we nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 5 50 South Western Blod	STREET (If rural, give location)	Blod o.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Mario 4 Bailey	(Last) 4. DATE (Month) OF DEATH MR4/6	(Day) (Year)
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, USFORMS	7/43 // boby ) 04 yrs.	l year   If under 24 hrs   Days   Hours   Min.
dole during that a local file with the street of the carry Business of the during that a local file of the street of the carry Business of the carry Busin	ESS Constitution	COUNTRY?
13. FATHER'S NAME  Aug 4 4 a C - Davis  15. Was Deceased Ever In U.S. Armed Forces?   16. Social Security No.	14. MOTHER'S MAIDEN NAME Mary R. WEber	
(Yes, no) or unknown) (If yes, give war or dates of 12-26-25/5	Laurence C. Davis arbutus	tern Islud
I8. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) - Traden death -	probate substian	مكسرد ١٥٢
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c) Gerd Edema	- Z graduse doompeus den	1 4/5.+
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19.50, to 19.51, that I last s	aw the deceased
alive on	ADDRESS O O O	ated above. DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE.	-f- 0 1 ±	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/ NW/	or sucial Si Pau	7 4/
22/	570 (	0 06

# CERTIFICATE OF DEATH

04558

	CERTIFICAT			1/1
	FOR MEDICAL	EXAMINERS	Reg. Dist.	No. #1
1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOM		msv a
COUNTY BALTIMORE	MARYLAND	144	COUN	DALTO.
CII I (II outside corporate limits, write KUR	RAL and   LENGTH OF STAY	CITY (If outside corporate i	imits, write RURAL and	give nearest town)
TOWN give nearest town) DUNDALI	(In this place)	OR TOWN	DUNDALK,	md.
HOSPITAL OR INSTITUTION OR LY ME LA	8 1	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS	10 Ad-	ADDRESS BROEN	ING ROAT	
3. NAME OF (First)	_ (Middle)		. DATE (Month)	(Day) (Year)
DECEASED	PETER	BAKER. JR	OF DEATH 5	24 19.5
(Type or Print) OAMES  5. SEX   6. COLOR OR RACE	17. SINGLE, MARRIED,		AGE last birthday   If und	
MALE WHITE	WIDOWED, DIVORCED, (Specify) MARRIE)	3-16-1927	24 yrs. Month	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired)	RADIO - TELIVISION	BALTIMORE,	md.	COUNTRY A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
JAMES P. BAKE	R. SR	LOUISE R.	MHITF	
15. WAS DECRASED EVER IN U.S. ARMED FORCE	87 1 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If yes, rive war, or dates	01214-20-5995	JAMES P. BA	KER, SR.	
	18. MEDICAL CEI			1.
I. DISEASES OR CONDITIONS DIRECTLY	GRADING NO DEATH	. ()	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	INTERVAL BETWEEN ONSET AND DEATH
	1 A De Du	mede Tale	101110	
Immediate cause (a)	Mrs - //U	Mar las	or roug.	
973.1 Antocodent anuso(s)	1 - 1 - 1	0 0 0 -		
Antecedent cause(s) Diseases or conditions, if any, (b)	( autmout	be of Taris	)	
1/2 M giving rise to the above cause	Na 000 s. 100 000 000 000 000 000 000 000 000 00		F want # ters	900 1 00 00 00 00 000 000 000 0000 0
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing des	EINDINGS OF OPERATION			20. AUTOPSY?
THE DATE OF OPERATION THE MAJOR	FIRE INGS OF OTERATION			
21. EXTERNAL CAUSE WAS   PL	ACE (Home, farm, factory, street,	(CITY OR TOV	VN) (COUNT	Yes No E
PRIMARY FOR CONTRIBUTING OF CAUSE OF DEATH.	office bier etc.	(0111 011 10 1	(000141	I) (SIAID)
CAUSE OF DEATH. INJ	IURY OCCURRED	HOW DLD INJURY OCCU	D 2	
TIME (Month) (Day) (Year) (Hour)	While at Not while	Now bill interior	161	
INJURY m.	work at work			
22. I certify that I took charge of the rem	ains described above, held an A	utopsy . Inspection	Inquiry T thereon an	d from the evidence
obtained by said Autopsy, Inspection	or Inquiry, find that said decei	ased died on the day stated a	bove, and death in m	y opinion resulted
from: natural causes . accident [	, suicide <b>F</b> , homicide ,	undetermined []		
SIGNATURE	(Degree or title)	ADDRESS	11, 350	DATE SIGNED
11/2 Davos	IN LAWAY Med S	come L'VIII	Lall. VYM	1 1/16/17
23. BURIAL CREMATION   DATE THERE	OF I NAME OF CENTURE	RY OR CREMATORY   LOC	ATION (City, town, or co	unty) (State)
DEMOVAL (Smaller)		1/3		and) (State)
	51 BALTO. NA		LTO, md.	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	A 10. 11	ADDRESS
may & 1-1931 Wille	em on 19elles 1	Walles Brown 1	madley, Ve	endally ma
		2,	/ // /	806
	0		610	000

MARGIN RESERVED FOR BINDING

The correct age



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

4 1	A	Sec.	400	43	
-11	71	-	3	ч.	
U	T	U	U	9.7	

Par	Dist	N.

County BALTIMORE	(For newborn infants give residence of mother)		
	1 1 1 2 1		
Cily or town DALLIMAY (If outside city or town limits, write RUILL and give nearest town)	D 11		
How long in above place of death?	(if outside city or town limits, write RURAL and give ne	arest town)	
Hospital, Institution, or street address where death occurred:	Street No. 2916 Chenoak		
2916 Chenoak	(If roral, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war	*************************	
3. (a) FULL NAME	3. (b) Social Security	Number	
Henry Carl Ball weg			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE White MARRIED	20. DATE DF DEATH MAN 27 27 1957	at 4, 60 1 m	
6.(b) Name of husband or wife CATherine V.	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased trom	
	Modical Engineers Ca	SP 19	
7. Birth date ot	and that I last saw halive on	19	
deceased (mo., day, yr.) Ocl. 26, 1905	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	ammental Cane at menta	COMMISSION	
45min.	Coronary Ocelusion	Sudder,	
S. Birthplace	Bue to		
10. Usual occupation SALESMAN - Pepsi Cola	- Let 2001		
1t, Industry or business	Due to	**************************	
		***************************************	
	Dther conditions		
	(Include pregnancy within 3 months of death)		
E 13. Birthplace N.Y  E 14. Malden name Katherine Snyder			
14. Malden name Katherine Snyder  15. Birthplace	Major findings of operations.		
≥ 15. Birthplace	Date ot op,		
16. Informant Mrs. Catherine V. Ballweg	Autopsy results		
Address 2916 Chenoak	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Kumal 5-31-51	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Moreland Mem. Tark	Where did injury occur?	••••••	
Location Baltimore- Md	(City or town) (County)		
I T Ruck	Means of Injury Injured at work?		
18. Funeral director	01/11	1 1	
Address 5305 Hartord Road	HAMADON H	REAL!	
" 5/28 " of a. W. Hepus	23. SIGNATURE M. D.	or other	
(Date reg'd by registrar)	Address Houseld 4 Md Date signed	5/27/5	
	A San La Manda de La Carrella de	A 1110	

The correct age

# RLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04560

COUNTY  CITY (If outside corporate limits, write RURAL and OR give nearest town)  HOSPITAL OR INSTITUTION OR  COUNTY  MARYLAND  CITY (If outside corporate limits, write RURAL and give nearest town)  COUNTY  COUNTY  COUNTY  OR  TOWN  TOWN  STREET  ADDRESS  ADDRESS  (If rural give location)	
OR give nearest town) four (in this place)  TOWN HOSPITAL OR  STREET (If m all give location)	-
HOSPITAL OR STREET (If ru al give location)	
INSTITUTION OR -/A KIN // // . II ADDRESS // //	-
STREET ADDRESS 1. YOUR ROL WORKERS M. YOUR ROL	
3. NAME OF DECEASED (First) (Part) (Last) (Last) (A. DATE (Month) (Day)	Year)
(Type or Print) NEILE FRANCES PULLY DEATH MAY	195/
6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If Inder 1 year If under WIDOWED, DIVORCED, (Specify) 100 CED, (Specify	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or 11/BIRTHPLACE (State or foreign country)  11. CITIZEN OF COUNTRY  COUNTRY	WHAT
13. FATHER'S NAME	
. Robert Fosler Same?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes, give war or dates of	- ,
- leevice Themas Dally - Owsen M	d
18. MEDICAL CERTIFICATION  INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Neart disease, nascular, cornery orchism Lindal	
Intimediate cause	M
Diseases or conditions, if any, (b)	
giving rise to the above cause	
1 4 0 stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	-
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPS	Y7
	No EZ
21. EXTERNAL CAUSE WAS PRIMARY \( \text{OR CONTRIBUTING} \) \( \text{OF office bidg., etc.} \) (CITY OR TOWN) (COUNTY) (STATE OF DEATH.	AA DE
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at   Not while	
INJURY m. Work at work	
	)
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resu	ence.
22. I certify that I took charge of the remains described above, held an Autopsy □, Inspection ☒, Inquiry ☒ thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resufrom: natural causes ☒ accident □, suicide □, homicide □, undetermined □.	ence lited
22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resufrom: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.  SIGNATURE  (Degree or title) ADDRESS  PATE SIGNATURE	ence lited
22. I certify that I took charge of the remains described above, held an Autopsy □, Inspection ☒, Inquiry ☒ thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resufrom: natural causes ☒ accident □, suicide □, homicide □, undetermined □.	ence lited
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion result from: natural causes accident , suicide , homicide , undetermined .  SIGNATURE  (Degree or title)  ADDRESS  PATE SIGNATURE  (Degree or title)  DME  Towan 4  (Sty. town, or county)  (Sty. town, or county)	ence lited
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resultance in a causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or title)  DME  Towan 4  121.5  23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Statement of the county) (Statement	ence lited
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resufrom: natural causes accident , suicide , homicide , undetermined .  SIGNATURE  (Dogree or title)  DATE TOWAN 4  SIGNATURE  1. ADDRESS  PATE SIGNATURE  1. ADDRESS  PATE SIGNATURE  1. ADDRESS  PATE SIGNATURE  1. ADDRESS  PATE SIGNATURE  1. ADDRESS  1. ADDRESS  PATE SIGNATURE  2. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Starway) (S	ence lited

2411 N. Charles Street, Baltimore

04561

# CERTIFICATE OF DEATH

COUNTY	H. Clar.	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTY RAUTA.
OR give nearest	orporate limits, write town)		CITY (If outside corpora OR TOWN	te limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Rural R	out 1Box 67	STREET ADDRESS R. P. A.	(If rural give location)	Dover (RA)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	/SAAC	-	BAUBLITZ	OF DEATH MAY	// 195/
5. SEX	6. COLOR OR RAC	WIDOWED, DIVORCED, (Specify)	18. DATE OF BIRTH	7/ yrs. Mon	nder 1 year   If under 24 hrs.
- tarm	vorking life, even if reti		BALLO CO	mel.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E Br Br	uletiti	14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED E	VER IN ILS. ARMED FO	BCBS?   16. SOCIAL SECURITY NO.	17. JNFORMANT	roun	
(Yes, no, or unknown)	(If yes, give war or d	ates of	Mrs. A. Ko	erner. 716W.	Macleson Y.
		18. MEDICAL CE	RTIFICATION		Dalle
I. DISEASES OR CO	ONDITIONS DIRECT	TLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a	BRONCHO - PNEUM	ONIA	***************************************	48hRs
122 Anteceder	nt cause(s)	Not FRI SAL FRITA	C 1/ D		0
Diseases or	conditions, if any, (b)	FIBRILLATION AND CARD	C.V. DISEASE	WITH AURICULAR	9 WKS.
93d stating the t		FIBRICLATION AND CARD	THE DECOMPENSA	701	
H. OTHER SIGNIFI	CANT CONDITION	8			
Conditions contribu	iting to the death hut se or condition causing	not		200	
		OR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify)	PLACE (Home, farm, factory, street.	(CITY OR T	OWN) (COUN'	Yes No TY) (STATE)
SUICIDE HOMICIDE		OF office bldg., etc.) INJURY	(CIII OR I	OWIN) (COBIN	(SIAIL)
TIME (Month) OF INJURY		ur) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cert	ify that I attended	the deceased from WNE	, 195., to MAY	//, 19.5./, that I las	t saw the deceased
alive on	AY 10 , 19.57.	, and that death occurred at (Degree or title)	8:15 A.m., from the address	causes and on the date	stated above. DATE SIGNED
	in E. Strobel	m.D.	59 Hanson Ros	& Resterstown	Md. 5/11/51
23. BURIAL, CREM. REMOVAL (Spec	ATION   DATE THI	EREOF NAME OF CEMETE	RY OR CREMATORY L	CATION (City, town, or co	ounty) (State)
DATE REC'D BY I	VI REGISTRA	R'S SIGNATURE	24. PUNERAL DIRECTOR	arki Sha	ADDRESS
- /	1 /		- Grand Nest	NUMBER OF THE PROPERTY OF THE	1/05

1561 1879 1879



2411 N. Charles Street, Baltlmore

04562

# CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY Ba	н· ltimore	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland		COUNTY
CITY (If outside o	orporate limits, write RUR. t town) t Howard		CITY (If outside corpor OR TOWN Baltimor		L and give nearest town)
HOSPITAL OR		nistration Hosp.	STREET 627 Colo	/T/ manal admo la	cation)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Me	onth) (Day) (Year)
DECEASED (Type or Print)	ANDREW	J. BE	AUCHAMP	OF DEATH May	4 151
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1VOYCEQ	8. DATE OF BIRTH 4-24-97	9. AGE iast birthday  5)1 yrs.	If under 1 year   If under 24 hrs   Montha   Days   Hours   Min.
done during most of the Retired-Nav	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry	Baltimore, M. 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	re .		14. MOTHER'S MAIDEN	NAME	
Samuel O.	Beauchamp		Jane E. Bond		
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. 212-18-9609	Clin.Rec., Vet.A		oward Md
Tos	IBELVICES INITI	18. MEDICAL CE		amento per ven	Office Constant
			KIIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
- 11	Immediate cause (a) Cardiac Hypertrophy				unknown
Immediate cause (a) Cararao myper cropmy & Diracacton					
Diseases or	nt cause(s) conditions, if any, to the above cause underlying cause last  (c)				
11. OTHER SIGNIF Conditions contrib related to the dises	ICANT CONDITIONS (uting to the death but not	Coronary arteriosc h.Old cerebral hem	lerosis orrhage lt.		unknown 3 yrs.
19a. DATE OF OPE	CRATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY1
					Yes 💢 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJI	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	tify that Pattended th	e deceased from May3	, 1951 , to May 4	, 151 ,XXX	OCONTROL OF THE CONTROL OF THE CONTR
		d that death occurred at			
WILLIAM SC	//	ERANS ADMINISTRATI	ON FORT HOWARD.	MD.	5-5-51
23. BURIAL, CREM REMOVAL (Spe	TATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
Burial	1 May 0, 49		tional P	altimore, Ma	ryland
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE deal	Betram Gore Fu		has. 23rd Sts.
= 7/1/			A STATE OF THE STA		

2411 N. Charles Street, Baltimore

04563

# CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimor	2. USUAL RESIDENCE (H		COUNTYBalt	imana	
CITY (If outside corporate limits, writ	CITY (If outside corpora				
OR give nearest town) Reist	Town Rei	sterstown	1	town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stock	sdale Ave	STREET ADDRESS Sto	cksdale s	location)	
3. NAME OF (First) DECEASED Ida (Type or Print)	(Middle) I rene	Benso n		Month) (Day) [ay 18	(Year) 19 51
5. SEX 6. COLOR OR R	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100 WCQ,	June 15 1860	9. AGE last hirthda 90 yrs	y   If under 1 year   If   Months   Days   H	under 24 hrs. ours Mio.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if r HOUSE WITE	f work 10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of Mary 1		12. CITIZEN COUNTRY?	USA WHAT
13. FATHER'S NAME William Gore		Sarah Alve		dale	
15. Was Deceased Ever In U.S. Armed (Yes, no, or unknown) (If yes, give war of service)	FORCES? 16. SOCIAL SECURITY NO. None	Mrs Oliver Wa	rner Reis	sterstown	Md
	18. MEDICAL C	ERTIFICATION			
1. DISEASES OR CONDITIONS DIRE  Immediate cause	CTLY LEADING TO DEATH	sy prom	hris	ONSET	AL BETWEEN AND DEATH
//20. /Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Misson	elisorie	myo	rarolto,	1046
II. OTHER SIGNIFICANT CONDITIO Conditions cootributing to the death by related to the disease or coodition causi	it not				
19a. DATE OF OPERATION   19b. M.	AJOR FINDINGS OF OPERATION			20. AU	TOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR T	OWN)	(COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (NOT INJURY	Hour) INJURY OCCURRED While at Net While M. Work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attend	led the deceased from / _ / _	319 to 3 -/	8, 195/, tha	t I last saw the	deceased
alive on S. SIGNATURE	, and that death occurred at (Degree or title)	address from the	causes and on th	e date stated abo	ve. SIGNED
PUPIAL CREMATION I DATE	HEREOF   NAME OF CEMET.	luctuolom ERY OR CREMATORY   L	OCATION (City, to	_ 6/	21/5/ (State)
REMOVAL (Specify) Way	22 1951 Reisterst	own Meth Com	leistersto	wn M	d
REG. 5-21-51	Dary B. Slive	24. FUNERAL DIRECTO		Reisterst	
	0				



# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04564

3BE The correct Supply every item of information carefully. write the causes of death clearly and legibly.

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED			
Beltimore MARYLAND	STATE Maryland COUNTY	Balto.		
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)		
TOWN Granite 28 vrs	Town Granite			
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)			
STREET ADDRESS Hernwood Road	Hernwood Road			
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)		
(Type or Print) Thomas Ringgold Bluy	nt. OF MAY	17 1951		
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	I year   If under 24 hrs		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MAI'I ed	Mch. 9,1893 58 yrs. Months	Days Hours Min.		
10a. USUAL OCCUPATION [Give kind of work   10h. KIND OF BUSINESS OR	1 11. BIRTHPLACE (State or foreign country) 1 12	CITIZEN OF WHAT		
done during most of working life, even if retired) Impustry Stone Quarry	Maryland	Country B. A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Bradley T. J. Blunt	Laura Dorsey Worthington			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes. no, or unknown) (If yes, give war or dates of Yes service) 7-118 218-14-5017	Mrs Thomasine A. Blunt (	Wife)		
18. MEDICAL CEI	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH		
0-1-12-2-1		1 .		
Immediate cause (a) Sulcide by hangi	ing	hr.		
9744 Antecedent cause(s)				
Diseases or conditions, If any, (b) Montally Denness	g.ed	10 mos.		
giving rise to the above cause				
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not None				
related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
None None		Yes No.X		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING OF office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)		
CAUSE OF DEATH. INJURY NOME	Granite Balto.	Md.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?			
INJURY May 17 151 20 m. work at works	Hung himself in kitchen			
22. I certify that I took charge of the remains described above, held an A		from the evidence		
oblained by said Autopsy, Inspection or Inquiry, find that said decea	used died on the dry stated above and death in my	opinion resulted		
from: natural causes , accident , suicide , homicide ,	undetermined .			
	ADDRESS	DATE SIGNED		
		17-151		
23. BUNAL. CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCAPION (City, town, or count	y)/, 10 (Stape)		
Harris May W 1951 Purate All	Myse Mojor Mancle Ha	to o le		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	25 UNERAL DIRECTOR /	ADDRESS		
May 19. 1951 R.W.	Moles Lamoreay to 10 Leber	4 Hy Jold		
		-		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

1. PLACE OF DEAT	Baltimore	MARYLAND	2. USUAL RESIDENCE ( STATE Maryla	COTTAINS	Y
CITY (If outside c OR give nearest TOWN	orporate limits, write RURA			rate limits, write RURAL and give	ve nearest town)
HOSPITAL OR	R.	inistration Hosp.	STREET ADDRESS 3200 T	(If rural, give location)  Lexington Stree	t /
3. NAME OF DECEASED (Type or Print)	(First) WILLIE	(Middle)	(Last) BOSTIC	4. DATE (Month) OF May 16	
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-19-09	Alpha yrm.	Days   Hours   Min.
done during most of v	ATION (Give kind of work vorking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY Gi School	Edgefield, S		COUNTRY? USA
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
Unknown			Unknown		
	ver In U.S. Armed Forces (If yes, give war or dates of service) WM IT		Clin.Rec., Ve	ADDRESS t.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)(	EREBRAL EDEMA			UNKNOWN
Diseases or giving rise to	nt cause(s) conditions, if any, to the above cause underlying cause last				- 75 60 60 60 00 0000 common c
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat			751 - for possible	brain
19a. DATE OF OPE	RATION   19b. MAJOR F	INDINGS OF OPERATION t	umor - none fou (5/28/5	nd at operation lake)	Yes K No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	TOWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that VAttended the	deceased from April 2	25, 19.51, to May 16	5, 19.5 <b>1. жыжкакы</b>	
XIVEXOXXXX SIGNATURE()	xxxxxxxxxx an	d that death occurred at 3.	ADDRESS from the	causes and on the date sta	ated above, DATE SIGNED
IRVING FR	EEMAN, M. D., A	ACTING CHIEF, MEDI		H, FORT HOWARD, M	D. 5-17-51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREO	NAME OF CEMETE Baltimore	National	Baltimore, Mary	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
5/21	/3/1	<u> </u>	Elroy O. Wilso	n 1000 Brantley	
- / /					VI and I William Control of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

IL 2 USUAL RESIDENCE (HOME) OF DECEASED

04566

COUNTY	STATE MoCCOUNTY	
Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town	-1
OR give nearest town) D	OR () 0/:	1)
TOWN RUTAL: TOWSON	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR Eudowood Sanatorium	ADDRESS	/
STREET ADDRESS Towson I, Maryland	1/1/N. Montford Aug	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
	dleu DEATH May 6	1957
5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED,	8. DATE OF BIRTH 9. AGE last birthday   under 1 year   If under 1 year   If under 1 year   Hours	
Make W. WIDOWED, DIVORCED, (Specify)	1 0 de 4 /6, 188 02 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
done during most of working life even if retired) INDUSTRY	14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME		
Denis Prodery	Catherine Johney	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   M. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS Personal History-	
(Yes, no, or unknown) (It yes, give war or dates of 218-07-922)	O Hospital Records, Eudowood Sanatorium	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL B ONGET AND	DEATH
		2 1016 1 14
Immediate cause (a) Tuliuonery	tuberculosis 6 year	2.7
Immediate cause		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	######################################	
130 stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOF	SY?
DIACE (Home from featows street	: (CITY OR TOWN) (COUNTY) (STAT	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)		No 🗆
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STAT	No 🗆
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		No 🗆
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STAT	No 🗆
SUICIDE HOMICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  m, Work At work	(CITY OR TOWN) (COUNTY) (STAT	No []
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STAT	No []
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?  How Did Injury occur?  1949, to 49, that I last saw the dece	No DE)
SUICIDE OF office bldg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from May be alive on May 1911, and that death occurred at Activities (Degree or title)	HOW DID INJURY OCCUR?  How Did Injury occur?  1949, to 49, that I last saw the dece	No []
SUICIDE OF office bldg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Lay	HOW DID INJURY OCCUR?  Address from the causes and on the date stated above.  Address DATE Sid	No []
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While on At work    alive on Alexander   SIGNATURE    Walking About About Manual Control of the decay of the control of the con	HOW DID INJURY OCCUR?  Address Date Side of County (STAT)	No []
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from May (Degree or title)  alive on May (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work I  alive on May (Degree or title)  Nilland About About M.D., Eudowe  23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	HOW DID INJURY OCCUR?  The property of the causes and on the date stated above. DATE SIGNOOD Sanatorium, Towson 4, Maryland	No []
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY  OF INJURY  1 INJURY OCCURRED While at Not While Work At work  22. I hereby certify that I attended the deceased from May 1.6  alive on 195, and that death occurred at 1.5  SIGNATURE  Obegree or title)  M.D., Eudow  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMEZE	HOW DID INJURY OCCUR?  Address Date Side of County (STAT)	No [] E) eased
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from May (Degree or title)  alive on May (Degree or title)  SIGNATURE  ABUSE  M.D., Eudowe DREMOVAL (Specify)  DATE THEREOF NAME OF CEMETE OF REMOVAL (Specify)	HOW DID INJURY OCCUR?  Address Date Side of County (STAT)	No Deased
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from May (Degree or title)  alive on May (Degree or title)  SIGNATURE  ABURIAL, CREMATION DATE THEREOF NAME OF CEMETE OR REMOVAL (Specify)  DATE THEREOF NAME OF CEMETE OR DATE OF CEMETE OR DATE OF CEMETE OF CEME	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?	No Deased
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY  22. I hereby certify that I attended the deceased from May (Degree or title)  alive on Month (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work  At work  Degree or title)  M.D. Eudowe  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE  REMOVAL (Specify)  DATE RECO BY LOCAL REGISTUAR'S SIGNATURE	HOW DID INJURY OCCUR?	No Deased

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

# CERTIFICATE OF DEATH

04567

1. PLACE OF DEAT COUNTY			I STATE	(HOME) OF DECEASED.	TY
	Baltimore	MARYLAND	Mary.		
OR give nearest	rorporate limits, write RUR. t town) Fort Howard	AL and LENGTH OF STAY  3hrs 53min	OR Balt:	rate limits, write RURAL and	give nearest town)
TIOSTIAND OIL			STREET	(If rural, give location)	
INSTITUTION O STREET ADDRE	R Veterans Admi	inistration Hosp.	ADDRESS 2679	Wilkens Avenue	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ADDISON	T.	BRAMHALL	DEATH May 2	21. 1951
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MALTIEO	6-1-95	9. AGE last birthday   If und Month	er 1 year   If under 24 hrs.
				y 18. (	10 000000000000000000000000000000000000
	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Railroad	II. BIRTHPLACE (State Lovettsville		COUNTRY? USA
13. FATHER'S NAM	4 E	10411000	1 14. MOTHER'S MAIDE		
John Bran	hall		Gertrude Bake	er	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes no, or unknown)	(If yes, give war or dates of service) WW T	Unknown		t.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		
I DISEASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DIDLINGIA ON O.					ONDER AND DEATH
Immediat	e cause (a)(	CEREBRAL HEMORRHAC	E .		UNKNOWN
all my i he					
	nt cause(s)	NONE			
giving rise t	conditions, if any, (b)		*****	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
832 stating the	underlying cause last				
	(c)				1
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. NONE			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes 10 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY	m.	While at Not While Work At work			
			12.08	PM	
22. I hereby cert	tify that Vattended the	deceased from May 241	19.51, to May 2	1951 , 700000	O BOO DE CERTAGO
SIGNATURE	2	d that death occurred at	ADDRESS	e causes and on the date	stated above. DATE SIGNED
IRVING	FREEMAN. M. D.	ACTING CHIEF. ME	DICAL SERVICE.	VAH. FORT HOWARI	). MD. 5-21-51
		F NAME OF CEMETE		LOCATION (City, town, or co	
23. BURIAL, CREM REMOVAL, (Spec	cify) 5/24/57	Union Co		Lovettsville, V:	
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL DIRECT		ADDRESS
REG	10 1213	Hadinal	Wm. J. Tickne		& Pa. Aves.
3/1	15/11/20	- will	1	A A TOT OIL	or Tone WACDS

# 5802 HALWYN AVE.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECELOED
COUNTY BIALTO . MARYLAND	STATE / G. SCOUNTY
	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL and OR (in this place)	TOWN WOODLAWN
HOSPITAL OR INSTITUTION OR ALLES 2000 C	STREET (If rural, give location)
STREET ADDRESS 1060 BURG 170195	10011 CHITIFIELD ICA.
3. NAME OF (First) (Middle)	(Last). 4. DATE (Month) (Day) (Year)
(Type or Print) US /E	DEATH //71/ /S. 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify VIOOW).	9. AGE last birthday if under 1 year II under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11 REDTHPLACE (State of Freign country) 12. CITIZEN OF WEAT COUNTRY?
NONE NONE.	1717610.14.
13. PATHER'S NAME	14. MOTHER'S MAJDEN NAME
MILLABEL OMITH.	E112. 17ASCHERT
15. Was Decrased Ever In U.S. Abmed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	INFORMANT AND ADDRESS & CAMPFIELD
service	ACCORDS HUGSBURG ROME DA
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Perchant 11	1
Immediate cause (a)	morrage lang.
4/20, O Antecedent cause(s)	1. To 11 A 11 -
Diseases or conditions, If any, (b)	elestic /tent disen 5 m
934 giving rise to the above cause statiog the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	· / / + · / / · / /
Conditions contributing to the death but not related to the disease or condition causing death.	id arteno - & clerons. No.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
	48 . In -15 51
22. I hereby certify that I attended the deceased from	, 19.T.Q., to
alive on	7. A m. from the causes and on the date stated shove
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
land L. Chambers on. 9. 41	08 · Seberty 18ts · Baltimore - 7 · Ind.
REMODAL Specity) STITTER OF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)  Real
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	(24) FUNERAL DIRECTOR / ADDRESS
REG. 5-16-51	Tour vallename 606/ Harford Rd

2411 N. Charles Street, Baltimore

04569

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland Baltimore
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give nearest town)
OR give nearest town (la this place) TOWN Reisterstown 50 yrs	Town Reisterstown
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Hanover Road	ADDRESS Hanover Road
3. NAME OF (First) (Middle) DECEASED To an and To Project Control of the control	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lawara L. Dil	DEATHWAY 21, 1931 19
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
Male White WIDOWED WING (Specify) WING WED	1 Nov. 9, 1000   90 yrs. 1
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Retired manager of supply company	Penna.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Brillhart	Elizabeth Venus
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, No or unknown) (If yes, give No ne dates of service)	Sue I. Brillhart, Reisterstown, Md.
18. MEDICAL C	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CONDITIONS DIRECTED AND INC. TO DEATH	1. T. III.
Immediate cause (a) // // Car	dulie + Opsomic + 240
Introduct course	de compensa m
443y Antecedent cause(s)	man teller
Diseases or conditions, if any, giving rise to the above cause	
93d stating the underlying cause last	Salver Duna
(e) // (c)	men and men in
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	*/X
related to the disease or condition causing death.	L an AVMODOVA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
	30 0 to 5-2/, 195, that I last saw the deceased
22. I hereby certify that I attended the deceased from	by to to to the deceased the deceased
alive on 5 2/7, 19, and that death occurred at.	Am., from the causes and on the date stated above.
SIGNATURE (Degree or ticle)	ADDRESS DATE SIGNED
mund falled m	Revale 12 (ps/ 502.17
MILL Souled III. N	wenns of warmy 6. 223
23. BUTTAL CREMATION DATE THEREOF NAME OF CEMETY BUTTAL (Specify) May 24, 1951 Druid Rich	
Burial May 24, 1951 Druid Ric	lge Pikesville, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-23-57 Clang. B. Chive.	J.F.Eline & Sons, Reisterstown, Md.
7	2

OSALISTO SE VAN

# CERTIFICATE OF DEATH

04570

970626

(//

	Ē
	carefully.
	nformation
5	of in
NDIN	item item
BI	ery
OR	he o
VED F	Supply
RESER	INK.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Supply every item of information carefully. The portant. Physicians: please write the causes of death clearly and legibly.
-	5
	WITH

PLEASE WRITE PLAINLY, is especially in

		FOR MEDICAL	EXAMINERS	Re	g. Dist. No	
CITY (If outside c OR give nearest TOWN FORT HOSPITAL OR INSTITUTION OF STREET ADDRE	timore orporate limits, write RUR town) Thoward	MARYLAND AL and   LENGTH OF STAY   12 days  p.Ft.Howard,Md.	2. USUAL RESIDENCE (STATE Marylan CITY (II outside corpo OR TOWN Baltimo STREET ADDRESS 711 N	d rate limits, write RUI	COUNTY RAL and give i	nearest town)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) BRISCOE	OF DEATH	May 22	(Day) (Year) 1951
s. sex Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) 11111	8. DATE OF BIRTH 12-29-24	26 ym	Months   L	year   If under 24 hrs.   Hours   Min.
done during most of v 1200rer 13. FATHER'S NAM James Bris 15. WAS DECRASED E		INDUSTRY Company  7 16. SOCIAL SECURITY NO.	Baltimore, Md 14. MOTHER'S MAIDER Alberta Bris 17. INFORMANT Clin.Rec. Vets.	N NAME	l vs	
Immediat  580 × Anteceder Disease or giving rise to stating the u	ni cause(s) conditions, if any, o the above cause inderlying cause last (c)	######################################		robably due	ATAXER/	INTERVAL BETWEEN ONSET AND DEATH
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.				20. AUTOPSY?
21. EXTERNAL CA PRIMARY OR CO		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	Yes No C
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCUR?		
obtained by sai	d Autopsy, Inspection of causes , accident   ATION DATE THERE	Baltimore Na	used died on the day state undetermined D. ADDRESS	ed above, and dead  LOCATION (City, to y 5501 Fred OR	th in my or  V V V  wn, or county)  orick Av	DATE SIGNED  (State)  TO Balto Md.  ADDRESS

2411 N. Charles Street, Baltimore

04571

### CERTIFICATE OF DEATH

COUNTY Ba	ltimore	MARYLAND	STATE Marylan		COUNTY Baltimore
CITTURE (TE annual da a		I I I ENCER OF CTAY			
OR give nearest town) Catonsville Abt 1 yr			TOWN Catonsville		
HOSPITAL OR INSTITUTION O	D		STREET ADDRESS	(If rural, give i	ocation)
STREET ADDRE	Ss Elmhurst Hon	ne	ll Edmon	dson Ave.	
3. NAME OF DECEASED	(First)	(Middlo)	(Last)	OF .	onth) (Day) (Year)
(Type or Print) 5. SEX	Margaret	Louise	Bristor	9. AGE last birthday	lay 20 1051 19
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Nov-18-1866		If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUP done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Teacher	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		reacher	Baltimore.	J NAME	U.S.A.
	liam B. Briston				
15 Wes Duomeson E	WED TAY IT C ADVERS FORCES	7 I 16 COULT SHOUTHING NO	Margaret Ta	rr	
(Yes, no, or unknown)	(If yes, give war or dates of service)	f 16. SOCIAL SECORITY INC.			
no	service) no		W.B.Bristor (ne	phew) Towso	n,Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
Immediate cause (a) /Lepatic Le			sufficieri	Chy.	7
170 X Antecedent cause(s)			· li	1	-
Diseases or	conditions, If any, (b)	recastuse	1 from the	rest Care	would -
50 giving rise t	o the above cause andorlying cause last	art trios ele	edig - , art-	Sc/. Centio	Vasc. De.
stating the	(c)	Carcinoma	of mens	7 >	7
II. OTHER SIGNIF	ICANT CONDITIONS		1	<del></del>	1
Conditions contrib	uting to the death but not see or condition causing deat	h			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
					Yes 🗆 No 🗗
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) ((	COUNTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)			(51112)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CCUR?	
OF INJURY	m.	Work At work			
22 I horoby cont	if that I attended the	deceased from March	1051 to Man	15 1951 that	I lost saw the deceased
	iny that I attended the	deceased from	6	, 10, 01140	I last baw the deceased
alive on W	19.5 an	d that death occurred at	ADDRESS from the	causes and on the	date stated above. DATE SIGNED
x	. Kruleer	2 ×	4 n. Hellow	e st	5/21/51
23. BURIAL, CREM	16 ->			LOCATION (City, tow	n, or county) (State)
REMOVAL (Spec			k Cemetery	Baltimore	
DATE REC'D BI	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
REG 21/5	/ VEWIN	eduich	Stewart-Mowen	Co. 108-W-No	rth-Balto.Md.
-1-/		100			01.000
					043888

The correct age

04572

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
OR give nearest town Fort Howard 786 days	OR TOWN Baltimore 17
HOSPITAL ()R	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Veterans Administration Hosp	ADDRESS 1027 Eutaw Street
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) HUBBARD H.	BROWN DEATH May 13 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Male Colored WIDOWED, DIYORCED, (Specify) Single	4-10-21 30 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done-during most of working life, even if retired) INDUSTRY Sugar RIINERY Machine Official	S. Boston. Virtinia Country? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Brown	Rosa Hubbard
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of Yes service) WW TT Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. Howard
18. MEDICAL C	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) PULMONARY TUBERCU	LOSIS, CHRONIC, BILATERAL, ACTIVE Unknown
FAR ADVANCED	
Antecedent cause(s) Diseases or conditions, if any, (b)	
/ giving rise to the above cause	**************************************
mtating the underlying cause last	
(e)  11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	47
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	Yes No L
SUICIDE OF office bldg., etc.)	(OTTION TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	11011 212 1110111 000011
INJURY m.   Work   At work	
22. I hereby certify that Whattended the deceased from March	16, 1949, to May 13, 19.51, phatyly large average in the series
	7. E8 A
NVEXOD XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
IRVING FREEMAN, M. D. ACTING CHIEF. ME	DICAL SERVICE. VAH. FORT HOWARD, MD. 5-14-51
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMET	TO ALVEST BUILTY AND A VESTIA A VILL HOWARD OF A WILL A PERIOD AND A PERIOD OF
REMOVAL (Specify)	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
Removal 1/20/1 Sunflower	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Removal DATE REC'P BY LOCAL   REGISTRAR'S SIGNATURE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	ERY OR CREMATORY LOCATION (City, town, or county) (State)  Cemetery Nathalie, Virginia  24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	ERY OR CREMATORY LOCATION (City, town, or county) (State)  emetery Nathalie, Virginia

VS. A15A

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04573

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE FROME OF DECEASED.	,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
	TOWN bleneanon 2.	K. 7. D.
HOSPITAL OR INSTITUTION OR 25A. Norsis Lone.	STREET (If rural, give location)	1
3. NAME OF DECEASED (First) DECEASED (Middle) (Type or Print) Tarber Boy &	OF DEATH MOY	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, MYDORED, WIDOWED, MYDORED, WIDOWED, MYDORED, WIDOWED, WIDOWED, WIDOWED, WILLIAM OF THE PROPERTY OF THE PRO	S DATE OF BIRTH 9. AGE last hirthday If under Months work.	Days   Hours   Min.
done during most of working file earli'retired) I working the course		. CITIZEN OF WHAT COUNTRY!
Charles W Burns	Ella S. Cannon,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT	
service)	W. B. Dukman	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) fell down	eters.	
Immediate cause		7
Antecedent cause(s) Diseases or conditions, if any, (b)	uch neck	- hour
giving rise to the above cause		
1860 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY!
MAX -		Yes No D
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	Belts	- 30
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY 5 14 1951 8 While at work at work	tell down cellar or	lens
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy [], Inspection [], Inquiry [] thereon and	opinion resulted
from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ .		opinion realited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(Mulas a Mi) Deports	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	The in
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	(State)
REMOVAL (Specify)	T. T. War T. Louis, town, of country	ID _
DATE REC'D BY LOCAL   REGETBAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mes 14 1951 Chirles	MA GO II	1 1 1 - 2-1
- Cath owney	John Jonnelly. Cso	y a my
	1	



# CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

	Reg. Dist. No.
1. PLACE OF DEATH- COUNTY  2. USUAL RESIDENCE (HOME) O	
COUNTY STATE  Baltimore MARYLAND MARYLAND	COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   CITY (If outside corporate limits,	write RURAL and give nearest towo)
OR give nearest town) TOWN Catonsville  3 mths.  OR TOWN Baltimore	
HOSPITAL OR 18 days STREET (II	ru al give location)
INSTITUTION OR STREET ADDRESS Spring Grove State Hospital ADDRESS 3013 Bela	ir Road
3. NAME OF (First) (Middle) (Last)   4. DA7	E (Month) (Day) (Year)
DECEASED (Type or Print) THERESA LORETTA PIETROFF CAMPBELL DEA	
	est birthday   If under I year   If under 24 hrs.
Female White WIDOWED, DIVORCED, 7/15/1897	3 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business OR   11. BIRTHPLACE (State or foreign c	ountry)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY domestic Baltimore, Marvl	and Country?
housewife domestic Baltimore Maryl 13. FATHER'S NAME	and u. S.
Henry Pietroff Anna Holzschuh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of no Hospital Records.	Catonsville 28. Md.
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
6	ONGEL AND DEATH
Immediate cause (a) Coronary Least disc	Sere.
2/AV Autorday and (2)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	**************************************
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1 20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS A PLACE (Home form furtery street) (CITY OF TOWN)	Yes No D
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS A PLACE (Home form furtery street) (CITY OF TOWN)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED HOW DID INJURY OCCUR?	Yes No D
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	Yes 🗆 No 🔟
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work 1 at	Yes No (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work 22. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 1. Inqui:	(COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION	(COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PRIMARY OR CONTRIBUTING OFF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OFF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not while work Autopsy Inspection of Inquiry, find that said deceased died on the day stated above, from: notural causes of accident , suicide , homicide , undetermined .	(COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not while work At work   22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquire obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, from: notural causes accident , suicide , homicide , undetermined .	(COUNTY) (STATE)  Ty thereon and from the evidence and death in my opinion resulted
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OF INJURY OCCUR?  OF INJURY  22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Inquiry, find that said deceased died on the day stated Accident Inquiry find that said deceased died on the day stated Accident Inq	(COUNTY) (STATE)  Ty Thereon and from the evidence and death in my opinion resulted  DATE SIGNED
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) PRIMARY OR CONTRIBUTING OF OFFICE DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while work At work 1 and that said deceased died on the dry stated above, from: notural causes 1 accident 1, suicide 1, homicide 1, undetermined 1.  SIGNATURE  23. BURIAL, CREMATION 1 DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION 1	(COUNTY) (STATE)  Ty thereon and from the evidence and death in my opinion resulted
II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	Yes No No (COUNTY) (STATE)  Ty thereon and from the evidence and death in my opinion resulted  DATE SIGNED  (City, town, or county) (State)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work How DID INJURY OCCUR?  OF INJURY  22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, from: notural causes accident suicide, homicide, undetermined SIGNATURE  23. BURNAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION DATE RECID BY LOCAL REGISTRARS SIGNATURE  24. FUNERAL DIRECTOR	Yes No No (COUNTY) (STATE)  Ty thereon and from the evidence and death in my opinion resulted  DATE SIGNED  (City, town, or county) (State)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work At work At work INJURY  22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, from: notural causes Accident Signature  23. BURNAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION OVAL (Specify)	(COUNTY) (STATE)  Ty thereon and from the evidence and death in my opinion resulted  DATE SIGNED  (City, town, or county) (State)

04575

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Daltimore Maryland	Maryland
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in the place) (in the place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR Hood Nursing Home	TOWN BALTIMOTE STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 5313 Edmondson Ave	ADDRESS 3 S. Franklintown Road
8. NAME OF (First) (Middle) DECEASED SYLLING TO COMMON	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 5th, 151
6. SEX 6. COLOR OR RACE WIDOWED, DAVIGUES, X (Specify)	8. DATE OF BIRTH 9. AGE last birtbday If under 1 year   If under 24 hrs. Months   Days   Hours   Min.
done during most of working life, even if retired) U.S. G. Print Off	ice Towson Balto Co, Md Country 12. CITIZEN OF WHAT
13. FATHER'S NAME Caleb Clinton Carman	14. MOTHER'S MAIREN NAME Anna Foard
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, Nor unknown) (If year, rive wat or dates of None	Clinton S.E. Carman
Immediate cause  (a) // // // // // // // // // // // // //	/ cerebral thrombosis $3\frac{1}{2}$ nos//6/4/45.
cerebral	arteriosclerosis 15½ mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(5/15/51 akc)
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 20	, 1950, to May 5, 1951, that I last saw the deceased
May ( 51	1. 459 m., from the causes and on the date stated above.
alive on/, 19, 19, and that death occurred at/	ADDRESS DATE SIGNED
Mil & G Restance U. O.	1517 W. Baltimore H. 5/7/51.
	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Loudon F	Park Baltimorem Md
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24_EMNERAL DIRECTOR ADDRESS
REG/2/5/ Aw/Ledrill	1) setrame ( OVE 2221/ Charles

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04576

Reg. Dist. No. 32

		2. USUAL RESIDENCE (I	TOMES OF DECEM	OND.		
1. PLACE OF DEATH- COUNTY Baltimore	244 0000 4340	STATE Marylan		COUNTY	Baltin	חדם
CITY (If outside corporate limits, write RU	MARYLAND RAL and   LENGTH OF STAY	CITY (If outside corpora				
OR give nearest town 1 SON	1 mo., Hace) da	OR TOWN Arbutus		arb and give	Hearest town,	
HOSPITAL OR	TI MU. 9T da	STREET	(If rural, give	location)		
	on State Hospita		inden Ave	•		
3. NAME OF (First)	(Middle)	(Last)		Month)	(Day)	Year
(Type or Print) John	Edward C	atitton	DEATH	ay		19 フエ
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MATTICO	s. DATE OF BIRTH 2/25/1893	9. AGE last birthda 58 yrs	Months	year If under Days Hours	24 hrs. Mln.
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even If retired Machines	k 10b. KIND OF BUSINESS OR	Baltimore,	Md.	12. C	CITIZEN OF	WHAT
13. FATHER'S NAME		14. MOTHER'S, MAIDEN		100		
John Catitton		Florence H	lolaway			
15. WAS DECRASED EVER IN U.S. ARMED FORCE	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		Ol Lin	nden Av	re.
(Yes no, or unknown) (If yes, give war or date	of Unknown	John E. Cat	itton, Ar	butus	. Md.	
	18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY	VIEADING TO DEATH				ONSET AND I	
1. DISEASES ON CONDITIONS DIRECTE.						
Immediate cause (a)	Carcinoma of Br	onchus, prima	ry; with		7 mont	ins
I A A	metastasis to	the lung.				(3)
Antecedent cause(s) Diseases or conditions, if any, (b)	Tuberculbisis//p	nithomatov/		]	Indefin	ite
giving rise to the above cause	• \${ 1 - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	the first test to the second s	* <b>*******</b> * *** * * * * * * * * * * *			
470 stating the underlying cause isst						
(c)						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath. Tuberculosis,	pulmonary (5/17,	/51 akc)			
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPS	Y?
None					Yes XX I	No 🗆
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY OR T	rown)	(COUNTY)	(STATE	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY None m.	While at Not While Work At work					
22. I hereby certify that I attended t		, 1951 , to 5/6	, 19.51., the	it I last sa	w the decea	used
alive on 5/6 , 1951 ,	and that death occurred at (Degree or title)	ADDRESS	causes and on the	ne date sta	DATE SIGI	MED
SIGNATURE	7 M.D.					
William 1	entime "	It. Wilson, Mc			5/6/5	L
23. BURIAL, CREMATION   DATE THER	EOF   NAME OF CEMETE	RY OR CREMATORY				
23. BURIAL (Specify)  BURIAL (Specify)  5/9/5	1 Meadow Rid	ge Memorial	Wash. Blv	d., Ba	alto	Md.
DATE REC'D BY LOCAL   REGISTRAR	S SIGNATURE	24. FUNERAL DIRECTO	R		ADDRESS	
REG. 5/6/51 Nelen	R. mayer	R.C. & B. M.	Walters,	Pratt	&	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age



VS. A15

age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04577

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH O COUNTY (Dallo )	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	BUAS
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7804 Louisiana ave	STREET ADDRESS 7804 Locustana	ave
3. NAME OF DECEASED (Type or Print) Pichard Thomas C	Renoweth OF DEATH May  1.8. DATE OF BIRTH 19. AGE last birthday   Honder	(Day) (Year) 3 195/
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 Sept 10, 1875 75 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work including phospiol working life, even if retired)	Maridand.	CITIZEN OF WHAT
13. FATHER: NAME Chenoweth	14. MOTHER'S MAIDEN NAME Schwarts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of septimes)	Richard Chenoweth, An	ne)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH  Immediate cause (a)	RTIFICATION Sumbres	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	_O . U . D. ata	Eyeou
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	3, 1950, to 3, 1951, that I last sa  B. m., from the causes and on the date sta  ADDRESS  BY CHAPTER	
23. BURIAL, CREMATION DATE REMOVAL (Specify)  DATE REC'D BY LOCAL ) REGISTBAR'S SIGNATURE.	RY OB CREMATORY LOCATION (City, town, or county	(State)
15/4/5/ for reduck	Mildred J. Blight, 6009 H	arford Rd
	1 6 5 6	

VS. A15

The correct age

GIMNO. G 13 21 1951 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04578

### CERTIFICATE OF DEATH

I. PLACE OF DEAT COUNTY	Balto.	MARYLAND	2. USUAL RESIDENCE (H	HOME) OF DECEAS	ED. COUNTY	Balt	:0.
OR give neares	corporate limits, write RUR. st town)	AL and LENGTH OF STAY (in this plece)	CITY (If outside corpora OR TOWN Woodlaw		AL and give	nearest town)	
HOSPITAL OR INSTITUTION O STREET ADDR	SO 2	n Oak Ave.	STREET ADDRESS 5802 GW	(If rural give !	ocation)		
3. NAME OF DECEASED (Type or Print)	(First) MARIETTA		(Last) CLARK	OF.	onth)		Year) 19 51
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WldOWed		70 yrs.	If under t	year   If under	24 hrs.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY & L NOME	Virginia	r foreign country)	12. C	CITIZEN OF OUNTRY?	WHAT
13. FATHER'S NAI	ME		14. MOTHER'S MAIDEN	NAME			
Samuel N.	Grim Ever In U.S. Armed Forces	7   16. SOCIAL SECURITY NO.	Katherine She				
	)   (If yes, give war or dates of		17. INFORMANT AND		E002	A	- l- A
	service)	18. MEDICAL CE	Mr. Charles N	. Keinnardt	-50UZ	Gwynn Os	K A
I DISPASES OF C	ONDITIONS DIRECTLY		MITTOATION		- 720	INTERVAL BET	
I. DISEASES ON C	ONDITIONS DIRECTLY	P DEATH				ONSET AND D	EATE
Immedia	te cause (a)	aremon	where	1000 0 w 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
17/X Antorodo	ent cause(s)	0	100				
Diseases or	conditions, ff any, (b)	Carlingue	1 Cerve	4	rein die Gelf deskrinds der in zu zu G. Geppe z. O. g.	PO 40 04 04 00 5 400 000 0 000 000	Dv 0000000 000
480 stating the	to the above cause underlying cause last (c)	Generalizad	deliverele	eddie.			
Conditions contrib	ICANT CONDITIONS outing to the death but not use or condition causing deat	h.					
19a. DATE OF OPI	ERATION 19b. MAJOR I	INDINGS OF OPERATION				20. AUTOPS	Y?
4							No 🗆
21. ACCIDENT SUICIDE HOMICIDE	OF		(CITY OR T		COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CURT			
22. I hereby cer	tify that I attended the	deceased from 5	9, 19.50, to 5 -	9.5.7, that	I last sa	w the decea	sed
alive on	- 9 , 19.57, an	d that death occurred at (Degree or title)	Am., from the	causes and on the	date sta	ted above.	NED
Wre ;	thon of Ou	GMV 451	09 Thuly /	ly ha Re	x 3	to his	1
23. BURIAL, CREM REMOVAL (Spe Burial		Meadowrid	ge Mem. Pka		n, or county		de)
DATE REC'D BY	LOCAL MEGISTRAR'S	E Occid	24. FUNERAL DIRECTO	ickner &	Sus-	ADDRESS	0
711		34				11/1	10.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04579

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FORT. Howard LENGTH OF STAY (in this place)	OR	te limits, write RURAL and give	e nearest town)
HOSPITAL OR	STREET	(If rural, give location)	7
STREET ADDRESSVet Adm. Hosp. Ft. Howard, Md.	ADDRESS 3419 H	arford Rd.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) IOUTS C COUNTO	(Last)	4. DATE (Month) OF DEATH May 5	(Day) (Year) 1951
5 SEX 16. COLOR OR BACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE isst hirthday   If under	
Male White WIDOWED, DIVORCED, (Specify) Married	5/15/97	53 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  COOK  LECTORY	11. BIRTHPLACE (State o	foreign country)   12	COUNTRY? USA
13. FATHER'S NAME	Greece 1 14. MOTHER'S MAIDEN	NAME	USA
Chairtanhan Canadatas	Illemoure		
Christopher Couniotes  15. Was Deckaged Ever In U.S. Armed Forces?   16. Social Security No.	UKNOWN 17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 213-10-1619		dm.Hosp., Ft.Howa	nd 16d
18. MEDICAL CE		MIL-HOSP . F C-HOWA	ru, mu.
	RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATE
Immediate cause (a) CARDIAC DILATATIO	N & HYPERTROPHY	¥\$4	UNKNOWN
434, 3 Antecedent cause(s)			
Diseases or conditions, if any, (b)	***************************************		
95c giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS			1
Conditions contributing to the death but not related to the disease or condition causing death. CORONARY ARTERIO	SCIEBOSIS		UNKNOWN
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	SCIEROS IS		1 20. AUTOPSY?
			35
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR T	OWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OC		
778	11.57	n.m	
22. I hereby certify that A attended the deceased from May	19.51, to May		xpereorepredictive
SIGNATURE (Degree or title)	ADDRESS from the	causes and on the date st	ated above. DATE SIGNED
	AH. Fort Howard		5/6/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Rurial Creek Care	RY OR CREMATORY I	OCATION (City, town, or coun	(State)
DATE RECO BY/LOCAL   REGISTRAR'S DIGNATURE	A. FUNERAL DIRECTO	R	ADDRESS
REG. 15/ Helv. Hedrick Ell	sworth a similaria	140 E. North Ave	mue
Dr.		17/2/11	

# CERTIFICATE OF DEATH

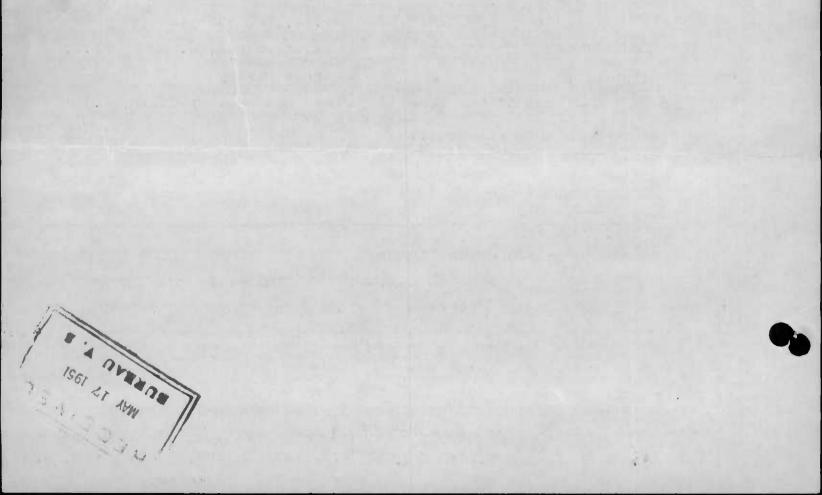
J.F.Eline & Sons, Reisterstown, Md

The correct age UNFADING INK. Supply every item of information carefully. t. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UI is especially important.

	FOR MEDICAL	C DAMMINING	Reg.	Dist. No. 3.3
I. PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Maryla	(HOME) OF DECEASE nd Baltime	обриту Социту
CITY (If outside corporate limits, write RUI OR give negrest town) TOWN OWINGS Mills	RAL and LENGTH OF STAY (in this place)	OR TOWN Owings	rate limits, write RURA	L and give nearest town)
	Hill Road	STREET ADDRESS Plea	sant Hill I	Road
3. NAME OF (First) DECEASED (Type or Print) Tibitha	(Middle) I	(Last) C OX	OF DEATH MAY	10,1951 (Year)
Female   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED; DIVORGED, (Specify)	Nov. 24, 1903	47 yrs ym.	If under I year   If under 24 hrs   Months   Days   Hours   Min.
done during most of working life, even if retired)	INDUSTRALE	Reistersto	wn, Md.	12. CITIZEN OF WHAT
Uriah P.Cox		Annie Disn		
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates NO	ss?   16. Social Security No.   None	James Cox O	ADDRESS Wings Mills	B, Md.
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause (a)  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	Suffication	actor.	ypressis	INTERVAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing det				
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
CAUSE OF DEATH. OF	JURY Farm		6	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY May 10 1957 8 m.	INJURY OCCURRED While at Not while work at work	nport tractor		or Togrand.
22. I certify that I took charge of the rem obtained by said Autopsy, Inspection from: natural causes , accident SIGNATURE  2. D. Caplos M.	ains described above, held an a or Inquiry, find that said dece (Degree or tille)	Autopsy , Inspection stated died on the dry state undetermined ADDRESS	Z, Inquiry there ed above, and death	on and from the evidence in my opinion resulted DATE SIGNED
23. RURIAL, CREMATION DATE THERE REMOVAL (Specify) Burial May 14	NAME OF CEMETE	dge	LOCATION (City, town Pikesville	Md.
REG. 5 - 12 - 51 REGISTRAR'S	SIGNATURE Sline.	J.F. Eline &	OR	ADDRESS

VS. A15A



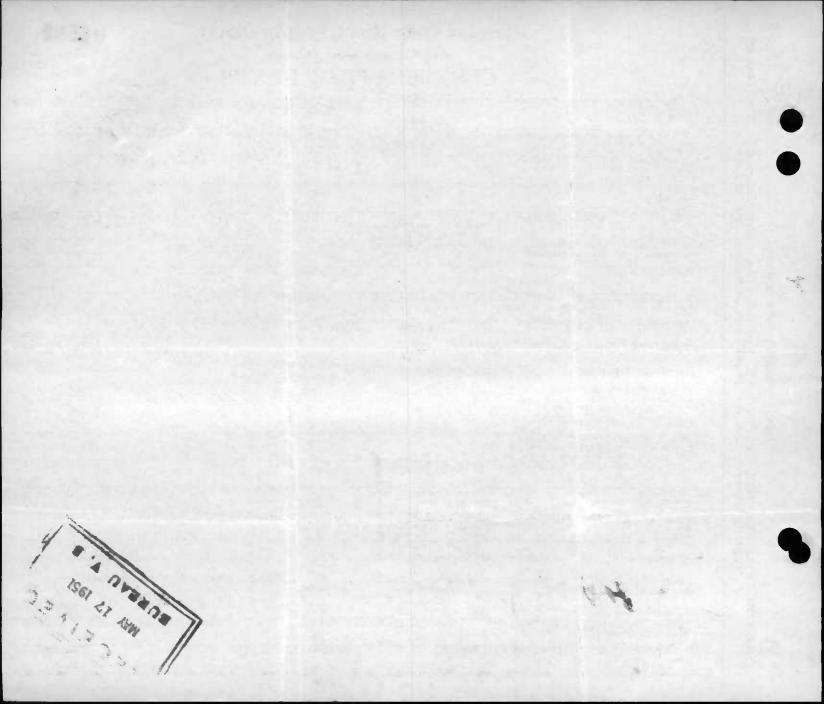
2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. 1	v <sub>0</sub> 3.3
1. PLACE OF DEATH COUNTY Bulto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Bulto
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN arrest fown arrest form and the state of th	CITY (If outside corporate limits, write RURAL and OR TOWN Correct	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) WILSON - KERNE	Y - COX   4. DATE (Month) OF DEATH MOSE	100
6. COLOR, OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCHD, (Specify)	Nov 26-1872 78 yrs. Month	ar I year If under 24 hr
done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUCTRY  WASA	and	COMPANY OF WHAT
13. FATHER'S NAME OCCUPY DOX	14. MOTHER'S MAIDEN NAME  17. INFORMANT AND ADDRESS	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mis Kenney Csy-Uppe	ues med
18. MEDICAL C.	ERTIFICATION / / /	INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A1.	20 mmh
Immediate cause (a) worm	Ammyrs	- V PWYYYIX
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ne C-V. disense	15 years
stating the underlying cause last (e)	of Contate	4#21
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	non y Cristate	141/2 yr
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	is thell	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June	, 1941, to May 12, 1951, that I last	saw the deceased
alive on 67/1, 195, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS	stated above. DATE SIGNED
Maurie C. Callegier M. D. 23. BURIAL, CREMATION   DATE THEREOF, NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or co	unty) (State)
REMOVAL (Specify) May 15/51 m &	Les. FUNERAL DIRECTOR	Med
DATE REC'D BY LOCAL REGISTRAR'S EIGNATURE REG. 5 15 - 51 Dary 8 51 ine.	Edee Ollipton, Hamp	stead
	1 550	4246/110

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. /S. A15



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04582

1. PLACE OF DEATH- COUNTY Baltin	nore,	MARYLAND	2. USUAL RESIDENCE (H	CO	UNTY
CITY (If outside corporate OR give nearest town) TOWN	limits, write RUR	LENGTH OF STAY  Gindbigsplace)	OR Baltimor	te limits, write RURAL as	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Opitz Home		ADDRESS 1091 W	• Fayette St	on)
8. NAME OF (First)		(Middle)	(Last)	4. DATE (Month	) (Day) (Year)
(Type or Print) Ann:		Cromer		OF DEATH May	15, 19 5
Female wh:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWOO	June 20, 1874	O VIS.	under 1 year II under 24 hrs. onthe Days Hours Min.
10a. USUAL OCCUPATION ( done during most of working it  1006	Give kind of work e, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Berrysburg	Pa.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John Calv:	in Ientz		Lydia Ann Wi	lbert	
15. WAS DECEASED EVER IN U			17. INFORMANT		
(Yes, no, or unknown) (If yes, service)	give war or dates o	ž.	Mr. Henry H. Le	ntz 3304 Clif	ton Ave.
		IS. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIO	NS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
2222222		0 1- 0 11			ONSET AND DEETE
Immediate cause	(a)	Cerestol He	morninge	C-C-CC	5 days
			1. //.	1 1	, 1
Antecedent cause	e(S)	Hunesternerel.	Cardio Vascu	lan Assins	( Vinterrous
Diseases or conditions	ve cause	N / / /	A	er ver van de de van ver afferte af de	time the confidence of the state of the second of the seco
932 stating the underlying	cause last	General ar	terrosclerosu	o o	Unlanown
11. OTHER SIGNIFICANT C	ONDITIONS	Banchin	le Pherimony	27	1 2 duro
Conditions contributing to t related to the disease or con-	be death but not lition causing deat	a. Human Tro	oshue anthony	tio	14 lahour
19a. DATE OF OPERATION			1/		20. AUTOPSY?
					Yes No No
21. ACCIDENT (Spec SUICIDE HOMICIDE	fy) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COU	
TIME (Month) (Day)	(Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?	
INJURY	m.	Work At work			
22. I hereby certify that	I attended the	deceased from 5//	1957 to 5/1	5 195/ that I l	ast saw the deceased
1	James 1		1.30n		
alive on 5/6	, 19. , and	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the dat	te stated above. DATE SIGNED
Paul P.	Zegles	M.D. 3723	Edundson ar	C	5/17/5/
23. BURIAL, CREMATION	DATE THERE	F NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or	county) / (State)
REMOVAL (Specify) Burial	May 19,	1951 Maple Grove	Cemetery	Elizabethville	, Pa.
DATE REC'D BY LOCAL	REGISTRAR'S		J. FUNERAL DIRECTO	R	ADDRESS
REG. 5-17-	5/		John O. Mitchel	1900 E	utaw Place
	Y				

21 2 i les 372 3 El. Que

WRITE

PLEASE

REG.

correct

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

04000

Home 1532 E. Monument St.

Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Baltimore Marvland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN FOR HOWARD fin this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) Vets.Adm. Hos. Ft. Howard. Md. 608 N. Bethel St. STREET ADDRESS (Middle) 3. NAME OF (First) 4. DATE (Last) (Month) (Day) (Year) DECEASED HUNTER ALSO JOHN H. DAVIS 5-22 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 5. SEX Male colored 10-27-92 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRYISA King & Queen Co. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Randall Daniel Havis 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war on dates of les S Clin. Rec. Vets. Adm. Hosp. Ft. Howard, Md. 705-10-9132 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Myocardial failure unknown Immediate cause Antecedent cause(s) (b) Hypertension unknown Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No [ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (CITY OR TOWN) (Specify) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work INJURY At work 22. I hereby certify that X attended the deceased from May 21, 1951, to May 22, 1951, that X attended the deceased from May 21, 1951, to May 22, 1951 and that death occurred at 7:40A m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED treeman ACTING CHIEF, MEDICAL SERVICE VAH FT. HOWARD, MD. NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION Balto . National Cemetery 15501 Frderick Ave. Balto. Md. DATE REC'D BY/LOCAL FUNERAL DIRECTOR

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04584

Reg. Dist. No. 35 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Baltimore Maryland

CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY N rural Parkton (in this place) TOWN rural - Parkton TOWN HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR Rayville STREET ADDRESS Ravville 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF William (Type or Print) Cooper DEATH Mav 195] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)WIDOWED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. Male White 4ay 7, 1871 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) Own Farm COUNTRY Wythe Co., Va.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Tandy F. Dix

15. WAS DECRASED EVER IN U.S. ARMED FORCES? Rhoda Catron 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Ers. Nellie Dix. Parkton. Md. R.D. service) no 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral hemorrhage 4 hrs. Immediate cause Antecedent cause(s) Hypertension Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes T No I PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work SIGNATURE (Degree or title) DATE SIGNED M. trance MID. Parkton, Md. 5/6/51 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) New Bethe Meth Cen May 9, 195] Burial 24 FUNERAL DIRECTO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.7 Chester L. Fulton

Hartenstein, New

Freedom.

age

correct

The

of information carefully death clearly and legibly.

Supply every item write the causes of o

INK.

FOR RESERVED MARGIN

PLAINLY, WITH UNFADING is especially important. Physicians:

WRITE

PLEASE



Daei H

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

04585

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town)  Harbor View (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7203 Woodrow Ave.	STREET (If rural give location) ADDRESS 7203 Woodrow Ave•
3. NAME OF (First) (Middle) DECEASED SOPHIA	(Last) 4. DATE (Month) (Day) (Year) OF May 25 51
	8. DATE OF BIRTH 19. ACE last highlay 1 If under 1 year 11 under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during nost of working life, even if retired) INDUSTRY HOUSE WC	
is. father's name ? Szymanski.	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of larvice) No	Julia Rodenberg 7203 Woodrow Ava
18. MEDICAL	L CERTIFICATION
i. diseases or conditions directly leading to death	AT FIBRILL'IN E MYOCATRIA INTERVAL BETWEEN ONSET AND DEATH PRECUMENTAL FAILURE 10 dys TATIVE ATTIVE ATTIVITIES
83 giving rise to the above cause stating the underlying cause last (c)	Thrombosis
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, sta SUICIDE OF office bldg., etc.)	reet, (CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on 195, 195, and that death occurred sold alive or 195, 195, and that death occurred sold alive or title)	19.5, 19.5, to 19.5, that I iast saw the deceased at 5:00 Po.m., from the causes and on the date stated above.  ADDRESS  ADDRESS  M.D. 4663 L-AS V S A. DATE SIGNED
REMOVAL (Specify) May 28 1951 Mt. Carn	LEPERY OR CREMATORY LOCATION (City, town, or county) (State)  100 Donnell St. Balto., Md.
DATE RECOUNTY REGISTRATES SIGNATURE REG. 5/26/5/ REGISTRATES SIGNATURE	leharly of Feiler 901 S. Conkling St. Balto.
VJI	0 . 720836

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04586

1. PLACE OF DEATH.	STATE COUNTY COUNTY
COUNTY Baltimore MARYLAND	Maryland Counti
CITY (If outside corporate limits, write RURAL and OR give, nearest town). TOWN FOLL HOWARD.  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) 5 CAYS	OR CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21. Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm. Hosp., Ft. Howard, Md.	STREET (If rural, give location) ADDRESS 13 Plateau Road
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) ALPHA E.	DRUMOND OF DEATH May 9 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	12-31-89 61 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even Hyethed) INDUSTRY	11. BIRTHPLACE (State or foreign country)  Meadowbrook, W. Va.  12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Steven A. Drummond	Bell Fortney
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (Il yes, give war or dates of 255-12-4090	Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.
18. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) CORONARY ARTERIOS	CLEROSIS WITH INFARCTION UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  NONE	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🐔 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that Aattended the deceased from May	4, 19.51, to May 9, 19.51, xhat/bdast/saw/the/deceased
signaturi: (Degree or title)	2:10 P. m., from the causes and on the date stated above.  ADDRESS DATE SIGNED
On M. Lensen M.D.	VAH, FORT HOWARD, MARYLAND 5-9-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET BUILD Specify) 5/14/51 Baltimore	ERY OR CREMATORY LOCATION (City, town, or county) (State) National Baltimore, Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5 /10/57 Res Hedrick	Howard Blight Funeral Home 6009 Harford Rd.
Dn	Mildred J. Blight 97037 Balto., Md.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04587

-					
I. PLACE OF DEAT	H.		2. USUAL RESIDENCE (H	OME) OF DECEAS	SED.
0001411	Baltimore	MARYLAND	STATE Maryland		COUNTY
	orporate limits, write RUR	AL and   LENGTH OF STAY	II CALL (21 OGODIGE COI POIN	te limite, write RUR	AL and give nearest town)
OR give nearest TOWN	Stonelei	ch (in this place)	TOWN Baltim		and Brita northern sound,
HOSPITAL OR	000110101	5.11	STREET	(If rural, give	1
INSTITUTION OF	R Armacost	Nursing Home	ADDDDDD		n Parkway
3. NAME OF				~ 4	II I di liwas
DECEASED	(First)	(Middle)	(Last)	4. DATE (A	donth) (Day) (Year)
(Type or Print)	Helen		liott	DEATH M	lay 30, 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last hirthday	If under 1 year Ilf under 24 hrs.
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mari 100	June 2, 1888	62 yrs.	Montha Days   Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
deae during most of w	vorking life even if retired)	INDUSTRY N Y STATE	New Jersey	,	COUNTRY
13. FATHER'S NAM		CHITOFERS ATO	14. MOTHER'S MAIDEN	NAME	
	2				
15 Was Dromasen P	VER IN U.S. ARMED FORCES	9 1 10 Gogge Company N		liams	
(Yes, no, or unknown)	(If yes, give war or dates	17 16. SOCIAL SECURITY No.	17. INFORMANT AND		
	lservice)		Mrs. Margaret	E. Fis,	5703 Chinquapir
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
			0 11		ONSET AND DEATH
Immediat	е саняе (а)	( eller	al Him	1000/000	0 /9 April
1119X minecular	c cause (=/=				
	nt cause(s)	64, 6, 10		1 1	
Diseases or o	conditions, if any, (b)	vyjanin	acculus	des we	eral
13 o stating the u	inderlying cause last	0 1	accule	-60	- 134
	(c)	•		- ruce	ace po
II. OTHER SIGNIFI	CANT CONDITIONS				
	uting to the death but not se or condition causing deat				
		INDINGS OF OPERATION			
IVE DITTE OF OLD	I I I I I I I I I I I I I I I I I I I	INDINGS OF OFERATION			20. AUTOPSY!
					Yes 🗆 No 🔄
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TO	(NWO)	COUNTY) (STATE)
HOMICIDE	INJU	IRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
INJURY	m.	While at Not While Work At work			
		4//	040	2. 51	
22. I hereby certi	ify that I attended the	e deceased from	19.57 tollded	0 19 U that	I last saw the deceased
1	1 0 1		~10		
alive on	195, 195, an	d that death occurred at	D.m., from the	auses and on the	e date stated above.
SIGNATURE	. '	(Degree or title)	ADDRESS		DATE SIGNED.
///	0. (+1)	12h 11-	D 7-1	1 -1-	1015/21
MI	aclaso	wrestly ?	4 150	1 uja	ca 400 /2/151
23. BURIAL, CREMA	ATION DATE THERE		RY OR CREMATORY LO	CATION City, tow	n, or county) (State)
REMOVAL (Special Persons)	16/1/51	Hillside C	emetery	Peekskill	, New York
DATE REC'D BY I		SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
REG.	51 aw	pedual	Irm. Good Dic	1217 8	t. Paul Street
					THE DOLLER
		J /		7/2/0	1//

The correct age

Northwood Apartments

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Arthur Karfgin MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04588

# CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED-	NTY
	Towson	MARYLAND	Mary 1a.nd	Towson
OR give nearest to TOWN	porate Ilmita, write RURA own) Baltimor		CITY (If outside corporate limits, write RURAL and OR Daltimore	l give nearest town)
HOSPITAL OR INSTITUTION OR			STREET (If rural, give location	)
INSTITUTION OR STREET ADDRESS	, 501 West C	hesapeake Ave.		ake Avenue
3. NAME OF DECEASED	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Raymond	T, Eve	ens Death May	7 14th 1951
t. SEX	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpecifyMarried)	Sept. 16, 1905 45 yrs.	der 1 year   If under 24 hrs. ths   Days   Hours   Min.
10a. IISUAL OCCUPAT	TION (Give kind of work )	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of wor	rking life, even if retired)	F. Goodrich Co		COUNTRY
13. FATHER'S NAME		100000	Baltimore, Maryland	
Lewis	R. Evans		Pearl M. Eckert	
		7   16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)	(Il yes, give war or dates o	275-05-7413	Mrs. Emma F. Evans, 501 W.	Chesaneoke
10*	er vice)	18. MEDICAL CE		Unobapcano
T DIGHT AND OD GOV	DITIONS DIRECTLY		RIFIGATION	INTERVAL BETWEEN
I. DISEASES OR CON				ONSET AND DEATH
Immediate	(0)	ARAPLEGIA	- /-	2 MONTHS
199.8 Antecedent Diseases or co	cause(s) nditions, if any, the above cause	AFTASTATIC	CAREINOM A TO SPIN	E & MONTHS
stating the unc	derlying cause last	ORIGINIAL S.	ITE UNDETERMINED.	
	ANT CONDITIONS ing to the death but not or condition causing deat	h.		
	ATION   19h. MAJOR F	TATIC CAREIT	NOMA- THERYERTEBRALD	20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., ctc.) JRY	(CITY OR TOWN) (COUN	
OF	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
INJURY				
22. I hereby certify	v that I attended the	e deceased from O = 7	, 1950, to MAYM, 1951, that I las	st saw the deceased
			and and	
alive on MR	713, 1931, an	d that death occurred at (Degree or title)	ADDRESS ADDRESS	e stated above. DATE SIGNED
Outl	Lu Kark	qui h.D.	4230 Jock Kaven Blug	/ / / /
23. BURIAL, CREMA	TION   DATE THERE	F NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or c	ounty) (State)
REMOVAL (Specify Burlal	5/17/5	1 arkwood	d Cemetery   Baltimore,	Md.
DATE REC'D/BY LO	OCAL REGISTRAR'S		24. FUNERAL DIRECTOR	ADDRESS
REG. 5//6	157	1	Leonard J. Ruck, 5305 Har	cford Road.



1. PLACE OF DEATH. COUNTY

OR give nearest town)
TOWN

orge

HOSPITAL OR INSTITUTION OR

3. NAME OF DECEASED

5. SEX

(Type or Print)

STREET ADDRESS

Baltimore

Towson. (First)

6. COLOR OR RACE

=UANS

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Eudowood Sanatorium

CITY (If outside corporate limits, write RURAL and

10a. USUAL OCCUPATION (Give kind of work done during most of working tile, even if retired)

13. FATHER'S NAME

15. WAS DECRASED EVER IN U.S. ARMED FORCES? |

service)

(Yes, no, or unknown) | (If yes, give war or dates of

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

CERTIFICATE	OF DEAT	II Reg.	Dist. No.		
	USUAL RESIDENCE (H STATE 7 AR41		ED. COUNTY		
L and LENGTH OF STAY (in this place)  DURS. Thub. 16 leave.	CITY (If outside corpora	te limits, write RUR		nearest town	)
	TOWN DAIT	(If rural, give			
atorium	ADDRESS 558	an 1	so x S	2	/
ryland " (Middle)	(Last)		(onth)		(Year)
	UANS	OF ~	py	30	195/
7. SINGLE, MARRIED, 8. WIDOWED, DIVORCED, /	DATE OF BIRTH	9. AGE last birthday	If under 1   Months		r 24 hrs.
(Specify) MARKETE CON LU	BIRTHPLACE (State of	foreign country)	12.	CITTZEN OF	TAHW
wash. Navy June	MOTHER'S MAIDEN	NAME.	- 6	15:24	
0 (/	Annie	nuer			
1 16. SOCIAL SECURITY NO.   17.	. INFORMANT AND	MUKES Perso	onal Hi	story-	
H	ospital Record	ds, Eudowood	d Sanat	orium	
18. MEDICAL CERTII					
LEADING TO DEATH				ONSET AND	
Pulmorany	Test O	ne		8 un	
July 1	1 nor ann				
**************************************	* * * * * * * * * * * * * * * * * * *			40 40 40 20	
h. INDINGS OF OPERATION				1 20. AUTOP	QV?
INDINGS OF OFERATION				Yes []	
CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	TOWN)	(COUNTY)	(STATI	
While at Not While	HOW DID INJURY OC	CUR?			
Work At work		7-1			
	1946, to May				
d that death occurred at	ADDRESS	causes and on the	he date sta	DATE SIG	NED
M.D., Eudowood	Sanatorium,	Towson 4. M	aryland	1	2040)
NAME OF CEMETERY	OK CREMATORY	Sabo.	ma, or count	, (SI	tate)

of information carefully. death clearly and legibly.

NFADING INK. Physicians: please Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)... giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PLEASE WRITE PLAINLY, WITH U is especially important. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATIO PLACE (Home, farm, factory, str OF office bldg., etc.) (Specify) 21. ACCIDENT SUICIDE INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Work INJURY 22. I hereby certify that I attended the deceased from ...... and that death occurred alive on..... SIGNATURE BURIAL, CREMATION REMOVAL (Specify) DATE REC'D BY LOCAL

NAME OF CEN

24/FUNERAL DIRECTOR

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
----------	-------	------------	----	--------

CERTIFICATE OF STILLBIRTH Reg. Dist. No..

But	04590 Death 4
1	Reg. Dist. No. 4/

A certificate must be filed within 22 hours for every	
1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
County Cartimore	State Maryland
City or town DUNGALIC-YV (If outside city or town limits, write RURAL and give nearest town)	County Daltimore
Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give nearest town)
3327 Mc Skaneway.	Street No. 8/14 Cull hell long
Length of mother's stay in County	(1f RURAL give LOCATION)
3. Name of child Suly 6 inc Falista.	4. Date of birth May 11 19 57 Hour 6 30 a. M.
5. Sex. Titual 6. Twin or triplet	7. No. of weeks pregnancy 74 weeks
FATHER OF CHUD	MOTHER OF CHILD
8. Full name Musis J. tallski	12. Full maiden name VOAN Cemp.
9. Color While 10. Age at time of this birth myrs.	13. Color. 14. Age at time of this birth. 70. yrs. 15. Usual occupation. 14. Age at time of this birth. 70. yrs.
11. Usual occupation Freman, Chew Mig. Ce.	
	: (a) How many children of this mother are now living?
(b) How many other children were born alive but are now de	ad? (c) How many other children were born dead?
17. Did child die before labor? During labor? 18. Pregnancy, complications of	21. Cause of stillbirth Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
16. Fregnancy, complications of	(a) Fetal causes Maduly
19. Labor: (a) Complications of	(h) Maternal causes
(b) Induced? AS,	159 74148
20. (a) Was there an operation for delivery?	22. I certify to the birth of this child who was born dead on the date and hour above stated.
(b) State all operations, if any (Yes or No)	Signature MOD auro MS.
(c) Did child die before operation?	(Specify if M. D., midwife, or other)
During operation?	Address Mudalle - YY Mil
23. (a) BURIAL (b) Date thereof S-/4-5/ (Burial, cremation or removal) (month) (day) (year)	25. (a) May 11-1956 William M. Hall (Date rec'd) of registrar) (Registrar)
(c) Cemetery or crematory OAK GAWN	26. (To be filled out if no physician was present at delivery) The above certificate has been examined by me.
24. (a) Funeral director Walter Buroka Beadley (b) Address Dundall 22 myd	The above certificate has been examined by me.  Health Officer, per
* See Instruction C on stub.	nearth oncer, per
105111201241	A Commence

S 'A DESTINA

The correct age

M

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04591

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY TOWSON MARYLAND	STATE MONIES & COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	-
TOWN give nearest toyp (in this place)	OR_	/
HOSPITAL OR	STREET (Urural give location)	_
INSTITUTION OR STREET ADDRESS Loch Range	ADDRESS 1651 & Cold Spring Jan	2
3. NAME OF (First) (Middle)	(Last)   4. DATE (Monste) (Day) (Year	7
(Type or Print) JOSEPH ANTHONY	Farrell JR DEATH May 30 195	1
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under I year   If under 24 h	70
male white WIDOWED, DIVORCED, (Specify) make	april 19-1937 14 yrs. Months Days Hours Mi	n.
done during most of working life, even if retired)  10b. Kind of Dusiness or Industry  10c. Kind of Dusiness or Industry	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHATER COUNTRY?	AT
13 FATHER'S NAME	1 M. MOTHER'S MAIDEN NAME	-
Joseph tarrellon	mary Catherine Cumolds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes. no, or unknown)   (If yes, give war or dates of	17. INFORMANT	
service)	me Joseph U Jarrell - Dame	
18. MEDICAL CE	RTIFICATION	=
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE	
	ONSET AND DEAT	24
and Ammediate cause (a) Drowited		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
/ ○ ★ giving rise to the above cause	19 44** 1 ** 1982 ** 1	
stating the underlying cause last		
(c)		_
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	3	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 00 A VITTO DOVE	_
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	1
	Yes No	1
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	130ch Incl	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not while   INJURY 5 - 30 - 5   m.   While at work	Drowning	
THE COLUMN TO TH		_
22. I certify that I took charge of the remains described above, held an A		
	ased died on the day stated above, and death in my opinion resulted	
from: natural causes [], accident [], suicide [], homicide [],		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	,
John J. Leen J. W. S.	TOWSUM-4-Md 5/31/51	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	AY OR CREMATORY LOCATION (City, town, or county) (State)	
Durio! 6-2-5/ 18/10/18	sureaux Lain Ind	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL BIRECTOR	
IGIG.		
	I bluck 5305 Harford Kd	

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Catonsville 8 vrs. 10	TOWN Washington D. C.
HOSPITAL OR mt.hs., 9 days	STREET (If rural, give location)
STREET ADDRESS Spring Grove State Hospital	ADDRESS 708 "A" Street, N.E.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) ARDELLA V.	FISSELL OF DEATH May 29. 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday   If under 1 year   If under 24 hrs.
Female White Specify WIDOWED, DIVORCED, (Specify) WIDOWED	Dec. 17. 1869 81 yrs. 5 12 Hours Min.
10m. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY COMESTIC	Howard County, Maryland Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robey Easton	Elizabeth (maiden name unknown)
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of no	Hospital Records, Catonsville 28, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Action to District the Control of th
	right
Immediate cause (a) Carcinoma of the	e/breast with axillary metastasis over 9 yrs.
17/X	
Antecedent cause(s)	
Diseases or conditions, if any, (b) Chronic myocardi	tis Several yr:
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	ariosclerosis " "
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
I SALE OF OF MARKETON	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	i, Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF   While at Not While INJURY m.   Work   At work	
	1000 1000 1000
22. I hereby certify that I attended the deceased fromJ.U.L.y	L, 1950, to May29, 19.51., that I last saw the deceased
alive on May 29 19.51, and that death occurred at	8:25am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Spring	Grove State Hospital
Total Heatous Mill	
Total Heatous Mill	1110 28 Md 5-29-51
23. BURGAL, CREMATION DATE REMOVAL CONTROL OF CENTER REMOVAL CONTROL OF CENTER PARTY (LINE 1, 1951. Joseph Shuf	ERY OR CREMATORY LOCATION (Gity, fryn, or spunty) (State)  cheed limitery Clicot City, Maryland.
23. BURGAL, CREMATION DATE REMOVAL (Specify) June 1, 1951. NAME OF CENTER REMOVAL (Specify) June 1, 1951. DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURGAL, CREMATION DATE REMOVAL CONTROL OF CENTER REMOVAL CONTROL OF CENTER PARTY (LINE 1, 1951. Joseph Shuf	ERY OR CREMATORY LOCATION (Gity, fryn, or spunty) (State)  cheed limitery Clicot City, Maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2004 TrZef

2411 N. Charles Street, Baltimore

04593

# CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH Balts . MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Y
	Y CITY (If outside corporate limits, write RURAL and give	ra managed down)
TOWN give nearest town) 6 mmp Mills (in this party)	OR TOWN 6 was hill	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrison Rd	STREET (If run give location) ADDRESS Garrison Rd.	
NAME OF First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Robert Simeson -	rick. OF DEATH may	25 195
6. COLOR OR RACE 7. SENGLE, MARRIED, WIDOWED, DIVORCED (Specify)	1 your 6/ yrs.	I year If under 24 h
On. USUAL OCCUPATION (Give kind of work done during ross) of working life, even if retired INDUSTRY	R M1. BIRTHPLACE (State or foreign country).	COUNTRY? 1 SA
S. FATHER'S NAME Charles Frick	14. MOTHER'S MAIDEN NAME	44.4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	mrs. Robt Demson Frick	Same.
18. MEDICAL	CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
		ONSET AND DEAT
Immediate cause (a) arleus - A	durses not typertum	8 mg
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No f
PLACCIDENT (Specify) SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	, L
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22 I havely could that I attended the decree 14	10 70 Meg 27 51	
22. I hereby certify that I attended the deceased from	, 19.3.8, to	aw the deceased
alive on 2.5, 19.5.1, and that death occurred at		ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Talmer FC Williams M.D.	Pikealle 8. 1	nd.
BURIAL, CREMATION DATE THEREOF NAME OF CEMERAL (Specify) May 281957 Logon	TERY OR GREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24/FUNERAL DIRECTOR	ADDRESS .
Way 26, 1951 R. W.	Henry W. Jenkins of Jones lo 40	205- Sorki Ro
		1/

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

# MARGIN RESERVED FOR BINDING

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04594

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Poltimono	STATE Maryland COUNTY Balto.
ATECONY A ADDRESS OF	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	OR Composite RURAL and give nearest town)
OR give nearest town) Carney (in 30 is yrs.	Town Carney
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR O W Summit Asso	ADDRESS 2 W. Summit Ave
STREET ADDRESS & W. DUMMILL AVE.	E A. DOMINITO VAC
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Nellie E. G	ambrill DEATH May 15 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
(Specify) Wid A over	August 8, 1872 77 yrs.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Country?
At Home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin Dulaney	Treasa Kimmel
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of	
service)	Wn. G. Gambrill
18. MEDICAL CE	RTIFICATION
	Talween trat Deservations
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
il a no	ing of certains 2 7
Immediate cause (a)	out hereing 2 mg
Illiniediale cause	
447 V Antecedent cause(s)	in all the state of a second
Diseases or conditions, if any, (b) Aarolli	uc & were 4 7
giving rise to the above cause	
830 stating the underlying cause last	76
(c) anall	et ing
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(6111 6111)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While While While	
INJURY m.   Work   At work	1
	the straitest and a
22. I hereby certify that I attended the deceased from	, 1951, to My 5195/, that I last saw the deceased
alive on 5 1 197, and that death occurred at	7
SIGNATURE (Degree or title)	ADDRESS DATE SKINED
10 0 //	221
NIME HUDSM 3	7 H Massellain / Stant
THE PARTY OF THE P	RY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL CREMATION DATE THEREOR 951 NAME OF CEMETE REMOVER ISSUED	RY OR CREMATORY LOCATION (City, town, or county) (State)
Manager appears) mich Ti de Trong Mich Till	
	23.011.02.3.0.2
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/16/5/ 4- W Daron	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/16/5/ 4-W- Jacon	24. FUNERAL DIRECTOR ADDRESS

Dr. Arthur C. Hearn 3901 Garrison Blvd.



2411 N. Charles Street, Baltimore,

04595

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BOLTIMORE
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Cockersuille (in this place)	TOWN COCKEYSVILLE (RURAL)
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR CUBA ROAD (RVFAL)	ADDRESS CUBA ROAD
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) EDWARD STEPHEN GANNON	DEATH MAY 9. 19.51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday In under 1 year II under 24 hrs.
MALE WHITE (Specify) Y/100WER	DEC. 26, 1870 80 yrs. Months. Days Hours Min.
10a, USHAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
RETIRED - BOILER MAKER D. +O. R.R.	RELAND   COUNTRY! USB
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NKNOWN	UNKNOWN
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give way or dates of service)	MRS. J. SHOWELL, COCKEYSVILLE, MD.
A MANAGAR CO	DIFFERENCE TO THE PARTY OF THE
I. DISEASES OR CONDITIONS DIRECTLY MEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
(Lugar, Sin)	heardle exerces
Immediate cause (a)	1 paragrammes of the second se
199 (Antecedent cause(s)	10,
1 de state of the	one. Unockolikis
Diseases or conditions, if any, (b)	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUE?
INJURY m. Work At work	1
The state of the s	1951, the grant of the I last saw the deceased
22. I hereby certify that I attended the deceased from	1 200, to, 19, that I last saw the deceased
alive on Wey 3 192, and that death occurred at.	
SIGNATURE / (Degree or title)	ADDRESSDATE SCENED
John a. o Chewrich M. )	377 Charles /4. Data had 3/10/31
23. BIRIAL CREMATION DATE NAME OF CEMETE	
TENDYAL Specify MAY 12, 1951 HOLY REDER	MER CEM. PALTIMORE, MD.
DADE REC D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/1/1/ / tw. Heaver	WOHN BURNSSONS, JOURSON MD.

04596

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEAT			2. USUAL RESIDENCE (H		
Ba	ltimore	MARYLAND	Maryran		
OR give nearest TOWN GLYN	orporate limits, write RUR t town) QOM	AL and LENGTH OF STAY (in this place) r	CITY (If outside corpora OR TOWN Glynd		L and give nearest town)
IIOSPITAL OR INSTITUTION O STREET ADDRE	R 7+3 D		STREET	(If rural, give look)	cation)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle) Paul Ge:	(Last)	4. DATE (Mo OF DEATH MAY	6,1951 (Year) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year   If under 24 Months   Days   Hours   M
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEQ	White a toon	Oh JI Dyrs.	Months Days Hours A
done during most of the Farme	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY CWILCY	Baltimore		U COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
Jacob D.	Geist		Susanna Trou	ıt	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT	2 262	
NC of dikitowity	(If yes, give war or dates service) NONE	"  None	Elam Geist, Gl	yndon, Md.	
		18. MEDICAL CE	ERTIFICATION		T
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEA
		4.	2. T. 8		1 of
Immediat	e cause (a)	Goronary	oursery Du	case	120 100
Diseases or	nt cause(s) conditions, if any, (b)	Generaliz	artery Dr	sclerosi	o 5 yrs
9 How stating the	o the above cause underlying cause last				
11 OTHER STONIE	(c) ICANT CONDITIONS				
Conditions contributed to the dises	uting to the death but not use or condition causing deat		۷.		
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
	rose.				Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJI		CITY OR T		OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
1-12-				1 51	
22. I hereby cert	lify that I attended th	e deceased from 4-19.	, 193.7, to Many	6, 19.4, that	I last saw the decease
alive on	cong 6, 1951, an	d that death occurred at	7:3°P m., from the	causes and on the	date stated above.
8.2	. Caples	m.D. 1	Reisterston	on, mid.	5-7-5
23. BURIAL, CREM	ATION VOATE THERE			OCATION (City, town	
Burial (Spec			ing House	Baltimore (	Co.
DATE REC'D BY		0 01 1	24. FUNERAL DIRECTOR		ADDRESS
REG. 5-9	was of 18.	1), 2-rine.	J.F.Eline & S	sons, Reist	erstown. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

100105



/S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04597

2411 N. Charles Street, Baltimore

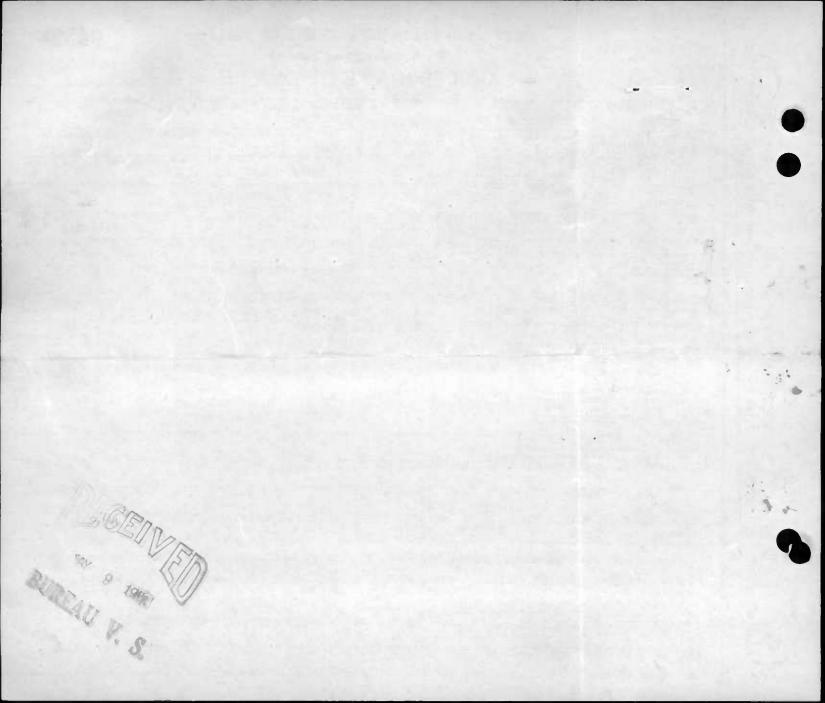
# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.	
county Balsimore MARYLAND	STATE mariland & COUNTY	cho 15
OR give nearest town)  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN give nearest town) TOWN (in this place)	TOWN 12 actions	
HOSPITAL OR Storing Grove State Horthol	ADDRESS 3 7 0 9 (If rural give location)	. /
STREET ADDRESS Colour ville, Md.	ADDRESS 3 209 Leighton an	enne
3. NAME OF (First) (Middle)	(Log) 4. DATE (Month)	(Day) (Year)
(Type or Print)	JULIU DEATH	27 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) JULIE		Days   If under 24 hrs. Hours   Min.
done during most of working life, even if retired) INDUSTRE	0 11	COUNTRY?
none I Toke	Hacks work, mice	4. S. A
Adolph I laser	Frieda 318 Kin	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	- 4
service)	Reuben Glaser- 3601 Labyrinth Ro	) A C
18. MEDICAL CE	PTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Archae hor	morrhage	11 days
Immediate cause (a)		1 weys
Antecedent cause(s)	1 1 1	
Diseases or conditions, if any, (b) Lulian let	1 asteriorelerons	
830 giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ith mental destreimes	**************************************
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗙
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY  m.   While at   Not While   Work   At work		
22. I hereby certify that I attended the deceased from Nov		
alive on MA 27 , 19.5/, and that death occurred at SIGNATURE (Degree or title)	m. from the causes and on the date str	ated above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jamuel & Jordon. M.D.	Assure some sould	5.27.51
REMOYALI (Specify) 5/28/51 Anshei Ness		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
REG. 5/28/57 and deduce	1006. Jenneon 731021124-	L6 W. North
STV	VVVV./	arenne

# CERTIFICATE OF DEATH

				20081	27500 1101.74
1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE ( STATE Md.	HOME) OF DECEASE	coun Baltimore
CITY (If outside OR give neares TOWN	corporate limits, write RUR t temp) tonsville	AL and LENGTH OF STAY (in this place)	TOWN Catons	ville	AL and give nearest town)
HOSPITAL OR INSTITUTION ( STREET ADDR)	ess 606 North	Bend Road.	STREET ADDRESS 06 No.	(If rural, give lo	cation) Oad
3. NAME OF DECEASED (Type or Print)	(First) LeRoy	(Middle) C. Gorst		OF DEATH MAJ	19
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LETT Ted	S. DATE OF BIRTH	52 yrs.	If under I year Months Days Hours Min.
oh tedureret	PATION (Give kind of work working life, even If retired)	Gien L. Hartin	CO. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Gorsuch		14. MOTHER'S MAIDEN		2.3
	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)		Mrs. Bertha		606 Nor th Bend
Immedia 420. / Antecede	ent cause(s) conditiona, if any, (b)	18. MEDICAL CI	7 him	lo	INTERVAL BETWEEN ONSET AND DEATE 1/2 Lu.
11. OTHER SIGNIE Conditions contril related to the dise	(c) FICANT CONDITIONS nutling to the death but not case or condition causing dea				
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? Yea No P
21. ACCIDENT SUICIDE HOMICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED   While at Not While   Work	HOW DID INJURY OC	CCURI	
no.	ay 2 , 19.5/, as		8 30 P.m., from the ADDRESS 8 18 Edmi	e causes and on the	e date stated above.  DATE/SIGNED  5/4/5(
DATE REC'D BY REG. 5/7	1:151.7		National 550	OR//	ondson Ave.
1		"		0	390377

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# 2

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04599

# CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Boltimore	2. USUAL RESIDENCE (HOME) OF DECEASED.
DELL CINCLE MARYLAND	Md. Balto.
CITY (If outside corporate limits, write RURAL and OR givo nearest town) atoms ville Line this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR CAT ONSVILLE TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Wade Ave.	STREET (If rural, give location) ADDRESS 56 Wade Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	raham DEATH May 11/51 19
5. SEX Female  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Larried	S. DATE OF BIRTH 9. AGE last birthday If under I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work Hone during ment of working life, even if retired)  HOUSEW THE OWN HOME	II. BIRTHPLACE (State or foreign country)  II. BIRTHPLACE (State or foreign country)  II. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Mumford	Milen Godfrey
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	B. Compton Graham, 56 Wade Ave. Catons-
18. MEDICAL CE	ertification ville, Id.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
C	ten desease 3 yrs
Immediate cause (a) Correctly	my owners
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS	Cardia vasculu disease
Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE  SUICIDE HOMICIDE  PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
	102 - Mare 11 105/ Mar I land - 11 2
22. I hereby certify that I attended the deceased from	, 193.5, to May
alive on May 11, 1951, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Plaket Braler 1044	U. Moderan XX May 12-51
Burial (Specify) May 14/51 Lorraine	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS ADDRESS
May 12 1951   R. W.	Harry H. Unity 12101 Edmondson Ave
1	//

1. PLACE OF DEATH:

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly. A15

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE	OF	DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

04600

Reg. Dist. No.....

130826

Carret Millemore	(For newborn infants give residence of mother)
County	State Md. County Callo.
(If outside city or town limits, write RURAL and give nearest town)	0. 1115
(If outside city of towir finance, write never and give meaness town,	City or town Ource Scatter State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or streel address where death occurred:	Street No. 7 Maler viles Ka
	(If rural, give LOCATION)
	2.(a) If veteran, name war
How long in hospital or institution?	2.(c) II veteram, name was
3. (a) FULL NAME	3. (b) Social Security Number
(K-11 Jat 1.01	Grape
Jenna Manicaa	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frank Tallita Tallita	7
Temale While Widow	20. DATE OF DEATH MAY 13 1857 at 5,00 14 M
10 M Garates	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	
C (2) ((-1)   -1   -1   -1   -1   -1   -1   -1	May 13 1951, 10 May 13 1951
7. Birth date of	and that I last saw h. C. Y. alive on May 13
deceased (mo., day, yr.) Tel. 12-1860	
	Immediate trace of dealers
8. AGE: Years Months Days IT less than one day	Attrasoclerate Heart Duesse loys
7/ 0 /hrsmin.	Uremia lake
ROT- Jud.	
9. Birthpiace COQUAD	Due to.
(Town, county, and state)	0.2
10. Usual occupation Atousemous	Due to.
11, Industry or business	932
12. Name to have Woodsield	Other conditions
FI Total	The solution
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name alice Stickman	
	Major fiediogs of operations
15. Birthplace Md.	Date of op.
The sale of the	
16. Informant	Actopsy results
Address 41 Watersnew Rd. Balts. 60.	PHISICIAN: Flease diderime the caose to which depth should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Busial Date thereof May 15-51	Accident, suicide, or homicide
(Burial, cremation, or removel. Which?) (day) (year)	
Cemetery or crematory January Elm.	Where did Injury occur?
Location Was onnell &	Injured at home, farm, Industry, public place (where?)
000000	Msans of Injury Injured at work?
18. Funeral director 1. 5. 100 Character 1. 18. Funeral director 1. 18. Funera	
(/2 2 2 1 / 1)	(/- // h h m
Address 2 3 3 4 Septenson 18.	23. SIGNATURE flames / Mexico / Mexico
SIC ( In a whole a	M. D. or other
19. Registres	Address 5/20 W. J. Bate signed 5/14/51

every item

Supply ev

INK.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Baltimore, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH. COUNTY STATE COUNTY Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) givo nearest town) Fort Howard 53 days place) Baltimore 17 TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md. STREET (If rural, give location) North Appleton Street (Middle) 3. NAME OF (Last) 4. DATE (Month) (First) (Day) (Year) DECEASED HENRY CREEN May 8 ROBERTSON 195] (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday | If under I year | If under 24 hrs. 5. SEX Months | Days | Hours | Min. 6-24-20 Male Colored 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? USA done during most of working life, even if retired)
Watchmaking Student

13. FATHER'S NAME South Boston, Virginia 14. MOTHER'S MAIDEN NAME James Green Lou Gollum 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of 226-32-9407 Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MILIARY TUBERCULOSIS UNKNOWN Immediate cause Antecedent cause(s) NONE Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. NO NE Conditions contributing to the death but not 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 49 No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) While at Not While INJURY Work At work 22. I hereby certify that VAttended the deceased from March 16, 19 51, to May 8 , 19 51 March 19 51 NOTICE (Degree or title)

ADDRESS

A. .....m., from the causes and on the date stated above. DATE SIGNED VAH, FORT HOWARD, MARYLAND DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) Pine Grove Cemetery South Boston, Virginia 24. FUNERAL DIRECTOR DATE RECOD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Charles R. Law 802 Madison Avenue

Otis Gerst Funeral Home

South Boston, Virginia

WRITE

PLEASE

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

04602

BR

1. PLACE OF DEATI	4.		2. USUAL RESIDENCE (F		
COUNTY	timore	MARYLAND	STATE Maryland COUNTY		
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpora	ate limits, write RURAL and	give nearest town)
OR givo nearest TOWN	catonsville	li vrs. 1 mth.	TOWN Baltimor	e	
HOSPITAL OR	accidvitte	21 days	STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION OF	Spring Grov	re State Hospital	ADDRESS 1427		
STREET ADDRES					et /
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	FRANK	н.	GRIMM	DEATH May	12, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday   If und	er i year  If under 24 hrs
Male	White	(Specify) Marriaed	March 15, 1883	68 yrs. Month	B Days Hours Min.
10a USHAL OCCUP	ATION (Give kind of work )	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT
D done during most of w	vorking life, even if retired)	INDUSTRY			COUNTRY?
13. FATHER'S NAM	Liver		Maryland	NAME	U.S.
13. FATHERS NAM	E		14. MOTHER'S MAIDEN	NAME	
Willi	am Grimm		Kate (	maiden name unkr	nown)
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.			
(Yes, no, or unknown)	(If yes, give war or dates of iservice)	)1	Hospital Recor	ds, Catonsville	28. Md.
:		18. MEDICAL CE			
					INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Antoni onalanat	ic heart disease		0
Immediate	e cause (a)	W. retroscietor	ic hear o disease		Over 4 yrs
//m / A Antonodor	nt enven(s)				
	nt cause(s) conditions, if any, (b)	Arteriosclerot	ic nephroscleros	is	87 15 81
giving rise to	o the above cause	10 B	88 + 9 + 1 + 1 + 1 + 0 + 0 + 1 + 1 + 1 + 1 + 1	Shina Maile 2 & 2 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13/00 stating the u	inderlying cause last	Antoniosolonos	howilamanan ai		11 11 11
	(c)	Al Cel Toscielos	is, generalized		
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
IVAN DILLE OF OLD					
		OR OTHER PROPERTY.	(CVTV OD T	OWN! (COVING	Yes No 🛛
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	COUNT	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
11/301/1	LU-	WOLL AT WOLL			
22 I hereby cort	ify that I attended the	e deceased from Mar 2	1 1957 to May 7	1957 that I leet	become the deceased
alive on Ma	av 12 19 51 an	d that death occurred at	4:50 p.m. from the	causes and on the date	stated above.
SIGNATURE		(Degree or title)	ng Grove State I	7	DATE SIGNED
61117	1				
1/hel 3 H	Enmann XV	reew M.D. Cato	nsville 28. Mar	yland	5-14-51
23. BURIAL, CREM		OF   NAME OF CEMETE	RY OR CREMATORY   I	OCATION (City, town, or co	unty) (State)
REMOVAL Coped	(y) 5/16/51	St. Peters		Baltimore.	Maryland
DATE REC'D BY			24. FUNERAL DIRECTO		ADDRESS
REG.	LOUAL KINGISTRAKS				
3-16	7/	A	Wm. Cook, h	c, 1217 St. I	Paul Street
	4			/ -	W 2551
				68	336

2411 N. Charles Street, Baltimore

04603

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporata limits, write RUBAL and LENGTH OF STAY OR give nearest town) Dollary Pikes vin this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ENAMAGE PIKESVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7401 Brightside Avenue	STREET (If rural, give location) ADDRESS 7401 Brightside Avenue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Charles Francis	Groves DEATH May 18 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
male   white   (Spectfortried	Aug. 19. 1879 71 ym.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Foreman Central Fdy	Batlimore, Maryland
	Laura Rowersox
William Groves 15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS
(Was as as universally till tree wive were or detected	Mrs. Mary R. Groves, 7401 Brightside
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Cardiac T-	Mario ore 1/10
Immediate cause (a)	
422, 2 Antecedent cause(s) Diseases or conditions, if any, tiving rise to the above cause	
93d stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
*   X	Yes No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from april	16, 1950, to Chay 1819.5, that I last saw the deceased
alive on May 1] , 19.5 , and that death occurred at	ADDRESS ADDRESS AND THE Causes and on the date stated above.
allen C. Beetham M. D:	3139 E. Ballet May 21-57
REMOVAL (Specify)   5-22-51   Moreland	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	Mem. Park   Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	Mem. Park   Baltimore, Md.  24. FUNERAL DIRECTOR ADDRESS  Leonard J. Ruck, 5305 Harford Road.

04604

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

37

	ist. No
1. PLACE OF DEATH COUNTY STATE (HOME) OF DECEASED	
MARYLAND MARYLAND	Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town)  Town  CITY (If outside corporate limits, write RURAL (in this place) - y OR TOWN  TOWN  CITY (If outside corporate limits, write RURAL and OR TOWN  TOWN  TOWN  TOWN	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore bounty Home ADDRESS (If rural, give loca	tion)
3. NAME OF (First) (Middle) (Last) 4. DATE (Mont OF OF	th) (Day) (Year)
(Type or Print) Util DEATH M	My 15 195
6. SEX  6. COLOR OF RACE  7. SINGLE, MARRIED.  WIDOWED, DIVORCED,  (Specify)  What  (Specify)  Marking  (Specify)  Widensum  (Specify)  (Specif	f under i year   If under 24 hr Montha   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY LUNCKY LINE STREET LINE S	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	•
unkaun	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	. 4
service) no. mrs Jennie / + alvorson 182	25 W. fambard &
18. MEDICAL CERTIFICATION	10000 rud.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) activis cluster heart clinere	
Immediate cause (a) Multiple Cliffic Plant Cliffic	years.
4/21) Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause	***************************************
93d stating the underlying cause last (c) Jenurallied arterisocleries	
(c) Journallies accuracy	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
138. DATE OF GLEGATION 139. MAJON FROM OF GLEGATION	
AL ACCIDENT Consider LDIACE Ware form forty and COUNTY AD TOWN.	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	UNTY) (STATE)
SUICIDE OF office bldg., etc.)	
SUICIDE OF office bldg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While INJURY  INJURY Mork At work	UNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While HOW DID INJURY OCCUR?	UNTY) (STATE)
SUICIDE OF office bldg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While INJURY  INJURY Mork At work	last saw the deceased
SUICIDE   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at   Work   At work      22. I hereby certify that I attended the deceased from   195/., to   195/., to   195/., that I    alive on   May 7   195/., and that death occurred at	last saw the deceased late stated above.
SUICIDE   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at   Work   At work      22. I hereby certify that I attended the deceased from   195/., to   195/., to   195/., that I    alive on   May 7   195/., and that death occurred at	last saw the deceased late stated above.  DATE SIGNED
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from John 1957, to May 15, 1957, that I alive on May 1, and that death occurred at Address  Cleabeth S. Shurill M. Cockup ville May 16, 1967, to May 16	last saw the deceased late stated above.  DATE SIGNED
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from how work At work 1 alive on May 7 and that death occurred at ADDRESS  Classification of the Cockeys will about 1 occurred the causes and on the deceased from the causes are deceased from the causes and on the deceased from the causes are decease	last saw the deceased late stated above.  DATE SIGNED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04605

Be

1. PLACE OF DEAT COUNTY	H. Baltimore		STATE	HOME) OF DECEASED.	TY
CITY (If outside of OR give nearest	corporate limits, write RURA	MARYLAND LENGTII OF STAY (in this place)	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
TOWN	Fort Howard	14 days	TOWN JOOU R	eisterstown Road	
HOSPITAL OR INSTITUTION O STREET ADDRE	R Veterans Adm	ministration Hosp.	STREET ADDRESS Apt. A	-1B (If rural, give location)	./
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	MICHAEL	M.	HARRIS	OF May 2	26 19 51
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTLEO	s. DATE OF BIRTH 9-15-94	yru.	er 1 year If under 24 hrs.  B Days   Hours   Min.
done during most of v Salesman	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	New York, Ne	w York	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	(E		14. MOTHER'S MAIDEN	NAME	
Morris Ha			Rachel Kouch		
(Yes, no. or unknown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
Yes	service) W I	Unknown	Clin.Rec., Ve	t.Adm.Hosp.,Ft.H	loward, Md.
		18. MEDICAL CE	RTIFICATION		V
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)MES	ENTERIC THROMBOSI	S (SMALL INTEST	INE)	UNKNOWN
70, Z Antocodo	nt cause(s)				
Diseases or	conditions, if any, (b)		**** **********************************		
99 giving rise t	o the above cause inderlying cause last				
	(c)				
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deatl				
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes K No []
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	COUNT (COUNT	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		deceased from May 22	, 19.51, to May 2	6, 1951. ************************************	DOMODEXAENDERA
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	that death occurred at	0:00 A.m., from the	causes and on the date	stated above.
P.C.	Kewnam	M.D. VAH,	FORT HOWARD, M	ARYLAND	5-26-51
23. BURIAL, CREM REMOVAL (Spec	ation Date Thereody	NAME OF CEMETER Baltimore Na		Baltimore, Mary	
DATE REG D BY REG. 28	ZOCAL REGISTRAR'S		24. FUNERAL DIRECTO Howard Blight		ADDRESS 009 Harford
		1226	Mildred J.	Blight Rd.	Baltimore, Mo

WITH Ul

PLAINLY, s especially i

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04606

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY -TIMOrE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this piace) give nearest town) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) 3. NAME OF (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED 3 -TEM 1 -(Type or Print) DEATH 19-5 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S/NG/F 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) SUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF don during most of working life, even if retired)

AR DEMEST

13. FATHER'S NAME INDUSTRY, AShington TOBBIA 14. MOTHER'S MAIDEN NAME ELLEN HARRIS 15. Was DECEASED EVER IN U.S. ARMED FORCES?
(Yes, do, or unknown) (If yes, give war or dates of 17. INFORMANT 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR FOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) -30 Whlle at Not while Lew shot men INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide homicide , undetermined . (Degree or title) DATE SIGNED SIGNATURE 23 BURIAL, CREMATION REMOVAL (Specify) DATE WHEREOF LOCATION (City, town, or county) (State) NATIONAL

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04607

	baltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASE	COUNTY COUNTY
CITY (If nutside co OR give nearest TOWN	rporate limits, write RUR. townCatonSvill	AL and I LENGTH OF STAY	CITY (If outside corporation or Balti		L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	House In I	Pines ve.	STREET ADDRESS 2000	(If rural, give lo Hollins St	
3. NAME OF DECEASED (Type or Print)	Louise M.	H. Heller	(Henning)	4. DATE (Mo	y 12/51 (Year)
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	May 15,1876	9. AGE last hirthday   74 yrs.	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
done during most of w	TION (Give kind of work orking life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	Hew York	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
John R/ Heller			Inelia C.		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)		Dr. Informant AND	Appless, 601	Winans .ay
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
			socident machahi	ar Thromboai	
Immediate	cause (a)	erebral vascular	accident probabl	ry infombosi:	S WEEKS
150   Anteceden	t cause(s)	rteriosclerotic c	ardio-vascular	lisease	
	onditions, if any, (b)		***************************************		
93 stating the u					
	nderlying cause last				
II. OTHER SIGNIFIC	(c)				
	(c) CANT CONDITIONS ting to the death hut not	h.			
Conditions contributed to the disease	(c) CANT CONDITIONS ting to the death hut not e or condition causing deat	h. FINDINGS OF OPERATION			20. AUTOPSY?
Conditions contributed to the disease	(c) CANT CONDITIONS ting to the death hut not e or condition causing deat				Yes No
Conditions contributed to the disease	(e) CANT CONDITIONS ting to the death hut not se or condition causing deat RATION 19b. MAJOR I	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	'OWN) (C	
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF	(c) CANT CONDITIONS ting to the death hut not se or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)	HOW DID INJURY OC		Yes No
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(c)  CANT CONDITIONS ting to the death hut not se or condition causing deat  RATION 19b. MAJOR I  (Specify) PLA OF INJU  (Day) (Year) (Hour) m,	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)  IRY  INJURY OCCURRED  While at Not While	HOW DID INJURY OC	CUR?	Yes No (STATE)
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certialized alive on May	(c) CANT CONDITIONS ting to the death hut not so or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m,  fy that I attended the	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED While at Not While Work At work  e deceased from March & deceased from March & deceased that death occurred at 1	How DID INJURY OC., 1944, to May 12 1:30 P.m., from the	CUR? 19.51, that	Yes No OOUNTY) (STATE)  I last saw the deceased date stated above.
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi	(c) CANT CONDITIONS ting to the death hut not so or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI  (Day) (Year) (Hour) m,  fy that I attended the	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)  RY  INJURY OCCURRED  While at Not While  Work At work  e deceased from March at death occurred at 1  (Degree or title)	How DID INJURY OC., 1944, to May 12.  1:30 P.m., from the ADDRESS  3030 1	cur?  19.51, that causes and on the	Yes No OOUNTY) (STATE)  I last saw the deceased date stated above.  DATE SIGNED enue
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certialized alive on May	(c) CANT CONDITIONS ting to the death hut not so or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INII (Day) (Year) (Hour) m,  fy that I attended the 12 , 19 51, an  COMPANDATE THERE	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  RY  INJURY OCCURRED  While at Not While  Work At work  e deceased from March  d that death occurred at 1  (Degree or title)  OF NAME OF CEMETE	How DID INJURY OC.  1944, to May 12  1:30 P.m., from the ADDRESS  3030 I	cour?  19.51, that causes and on the Edmondson Avo	Yes No OOUNTY) (STATE)  I last saw the deceased date stated above. DATE SIGNED enue
Conditions contributed to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certicalive on May SIGNATURE	(c) CANT CONDITIONS ting to the death hut not so or condition causing deat RATION 19b. MAJOR I  (Specify) PLA OF INJI (Day) (Year) (Hour) m,  fy that I attended the 12 , 19 51, an  RATION DATE THERE (by) Nay 15	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg., etc.)  INJURY OCCURRED While at Not While Work At work  e deceased from March & dece	How did injury oc., 1944, to May 12  1:30 P. m., from the ADDRESS  RY OR CREMATORY   1	cour?  19.51, that causes and on the Edmondson Ave ocation (City, town ck Ed. Balt	Yes No OUNTY) (STATE)  I last saw the deceased date stated above. DATE SIGNED enue

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

Dr. Janney 7101 Harford

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04608

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH.		1 2. USUAL RESIDENCE (H	OME) OF DECEASE	PD:		
COUNTY		STATE		COUNTY		
Parkville	MARYLAND AL and I LENGTH OF STAY	Mary 18		F.	arkvi.	<u>ire</u>
CITY (If outside corporate limits, write RUR OR give nearest town) Baltimore	(in this place)	OP.		LL End give i	learest town	1)
			timore			
HOSPITAL OR INSTITUTION OR		STREET ADDRESS 2600	(If rural, give lo			
STREET ADDRESS 2609 Hillo	rest Avenue	ADDRESS 2609	Hillcres	t Ave	nue	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (M	onth) (	Day)	(Year)
(Type or Print) Barbara	HH 7	pert	OF DEATH	May 3	Blst	1951
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED,		. AGE last birthday			W 02
female white	WIDOWED DIVORCED,	Nov. 27, 1873	1717	Months   D	ays Hours	Mln.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	1 12 (	CITIZEN OF	¥37== A ==
done during most of working life, even if retired)	INDUSTRY		toreign country)	Co	UNTRY?	WHAT
at nome		lGermany		1		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Martin Sauers		???			400	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If yes, give war or dates service)	ot	IMrs. Louise J	ohnson,26	09 Hi]	llcres	3 t
	18. MEDICAL CE			1		
					NTERVAL BI	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1 -4 ()			ONBET AND	DEATH
43	Corpran A	law disease	se e		1	
Immediate cause (a)					A	
Una Antecedent cause(s)	41	. (2 1/. 5),	10			
Diseases or conditions, if any. (b)	Nypertallor	D. V. W.	ease		** ** ** ** ***	
giving rise to the above cause stating the underlying cause last	10	0				
940 (c)	Melias	closopio		1		
II. OTHER SIGNIFICANT CONDITIONS				1		
Conditions contributing to the death but not						
related to the disease or condition causing deal	EINDINGS OF OPERATION			-	20. AUTOP	eve
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION					
						No 🛛
21. ACCIDENT (Specify) PLA SUICIDE OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	COUNTY)	(STAT)	E)
HOMICIDE INJ	URY					
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?			
OF INJURY m.	Work At work					
	1.00	C. 2				
22. I hereby certify that I attended th	e deceased from	-, 1951, to May 3	, 195, that	I last sav	v the dece	eased
2		1100 P	1 (1			
alive on May 3/ 19.3/, ar	d that death occurred at (Degree or title)	ADDRESS	causes and on the	ate stat	ed above.	TATES
SIGNATURE	(Degree of title)	ADDICESS //	1 101	,	DATE	JNED
hollon Jann	1 ////	1101 Hay	ord Kd		6/1/	51
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)	NAME OF CENTTE	RY OF CREMATORY	OCATION (City, tow		2	tate)
Burial, $6-4-51$	344	Brooklyn	Baltimo	re, M	d.	
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	3		ADDRESS	3
REG./X/	). / reduck	Leonard J. Ru	ick, 5305	Harfo	rd Ro	ad.
	V Da					

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04609

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Bo 1 to MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Ba1+0.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
OR givo nearest town)	OR TOWN 5 terms ers Rus	~ Hearest town,
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS / Ly Hall Nuysing Home	ADDRESS 8384 Old Phila	. Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	toffmeister DEATH 3	24 1937
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) V, do very	8. DATE OF BIRTII 9. AGE last birthday If under Months yrs.	
10a. USUAL OCCUPATION (Give kind of work   10h. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY 3 1	Balto. Co. Md.	COUNTRY? USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert Hoffmeister	Margaret E. Grad	1/2
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	d Phila. Pa
(Yes, no, or unknown) (If yes, give war or dates of 2 17-26-4410	Mrs. J. G. 132rt 038901	0 / MIIa.17d.
18. MEDICAL CEI	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		11 0
Immediate cause (a) Lawer rephros	n rephrosis	4 weeks
Antecedent cause(s)	- O design	& years
Diseases or conditions, if any, (b) giving rise to the above cause		0
93d stating the underlying cause last	T for I deserve	a graco
(c) Willipolless	u mare avoiance	8
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.  Leneuals	red arteriosclerosis	
192. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	O	20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INVOIR		
22. I hereby certify that I attended the deceased from Octao	2, 19.7.7., to/7.04.6.Y., 19.5./., that I last s	aw the deceased
alive on Ma, 23, 19.5/, and that death occurred at	6 Am. from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Maraey L. Julier mo	Kidge Rd Baltimore 6	may24/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR GREMATORY LOCATION (City, town, or count	ty) (State)
Berla	· Cemetery Balto. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
RSG. h5/5/ AD Hedush	Tassalm tunnel Have	" Kelair Re
1987	n. c	w E1

Registered No.

BINDING

RESERVED

# (M.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04611

Reg. Dist. No.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	Maryland
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town fort Howard 18(indays place)	OR TOWN Baltimore
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) RALPH (NMI)	IRIUN DEATH May 4 1971
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year   If under 24 brs.   Months   Days   Hours   Min.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	3-20-93   58 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inpustry Contracting (unemployed) Smalldarg farm	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Irick	Pocohontas Ray
15 WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of Unknown service)	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) CARCINOMA, LEFT	ADRENAL UNKNOWN
146X Immediate cause	
Antecedent cause(s) None	
Diseases or conditions, if any, (b) giving rise to the above cause	001.001.001.001.001.001.001.001.001.001
stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 16 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INSULT	
22 I hereby certify thatVA attended the deceased from April	16, 19.51, to May 4 , 19.51 , THAT X HOLD STORE THE STORE OF THE STORE
Em. I Hereby colony thanks would be a second	70.00 A
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
SIGNATURE (Degree of title)	ADDINESS DATE SIGNED
	VAH. FORT HOWARD, MARYLAND 5-4-51
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 5/8/5/ Baltimore	National Baltimore, Maryland
DATE RECID BY LOCAL   REGISTRAR'S SIGNATURE	and I distance Desired to the second
REG-12/5/ De. Hedrill	Howard Blight Funeral Home
	6009 Harford Road, Baltimore, Maryland
1 12	mineralantal

WRITE

PLEASE

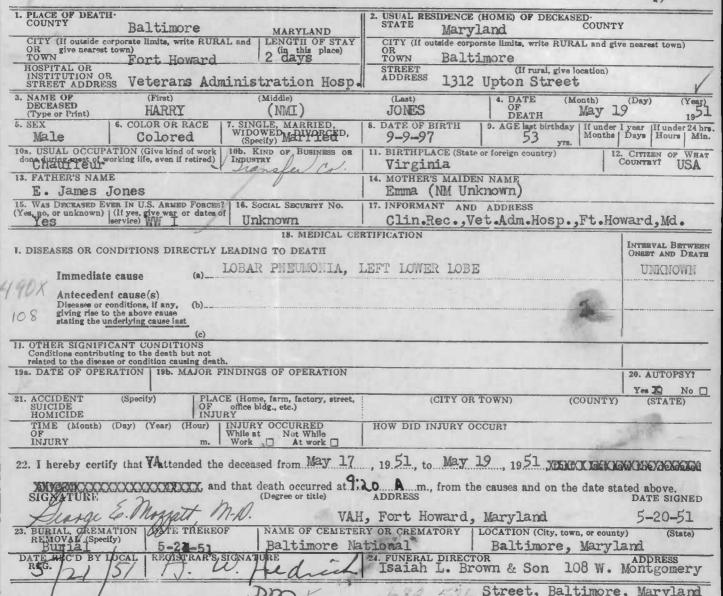
## MARYLAND STATE DEPARTMENT OF HEALTH /

04612

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.



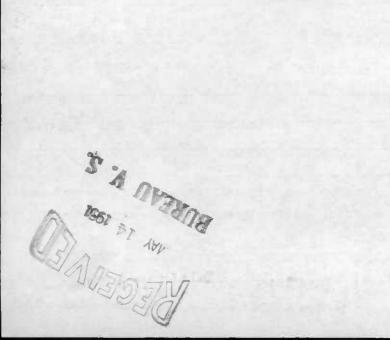
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

04613

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE  COUNTY
Dail Cimore MARYLAND	Md. Daltimore
OR give nearest town tons ville LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Bloomsbury Ave.	STREET (If rural, give location) ADDRESS 101 5100ms bury Ave
3. NAME OF (First) (Middle) DECEASED (Type or Print) Sarah J. Kaehler	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 12 195119
5. SEX F 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) OF COLOR OF RACE (Specify) OF COLOR OF COLOR OF TARK (Specify) OF COLOR OF TARK (S	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs April 6, 1862 89 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of Noticing life, even if retired)  10b. Kind of Business on Industry one	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Jame Sevine	14. MOTHER'S MAIDEN NAME Agnes Eckenrode
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	James Kaehler 101 Bloomsbury Av.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Death
Immediate cause (a) lardiag	Thelura 3 days.
Diseases or conditions, if any, (b)	erotice C.V. Dresse 1 year
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 Yes \( \) No \( \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
	1950, to 22, 1951, that I last saw the deceased
alive on 1991, and that death occurred at SIGNATURE (Degree or title)	ADDRESS no, from the causes and on the date stated above.  DATE SIGNED
pieces Bitower la	tonsoula 5-12
REMOVAL (Specify) Burial 5-14 1951 Cathedra	ERY OR CREMATORY LOCATION (City, town, or county) (State)  Baltimore, MdADDRESS, 1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/13/5/ TE. Jarres	24 ENERAL DIRECTOR Cators ville WIN



# 04614

# CERTIFICATE OF DEATH

20	MARYLAND STATE DEP	ARTMENT OF HEALTH 12 114	614
ect	CERTIFICAT	E OF DEATH	
The correct	FOR MEDICAL		)
The	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
refu	OR give nearest town) HOSPITAL OR	TOWN Sulkillion	o acares song,
on ca	INSTITUTION OR 3/25 (8 Rowall Km-n	STREET ADDRESS 348 S WW N	1-74/
natio	3. NAME OF (First) (Middle) DECEASED (Type or Print) LOUISA B.	(Last) 4. DATE (Month) OF DEATH MAJ	(Day) (Year)
Supply every item of information carefully. write the causes of death clearly and legibly.	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   Munder	
of i	10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business OR	NOV. 9, 10/0 / 75 yrs.	CITIZENI OF WHAM
ofo	done during most effecting life, even if retired) INDUSTRY home  13. FATHER'S NAME	Balto. Co.	COUNTRY U.S.A.
uses	Michael Scheeler	14. MOTHER'S MAIDEN NAME	
e ca	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of		Eastern Ave.
ply e th	Is. MEDICAL CE	Mrs. Geo. H. Genmill 328 Drew	St. Sff
Sup	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
INK.	Immediate cause (a) July (	culent	10 MIN
Zd	4/22 / Antecedent cause(s)	1011	
NGians	Diseases or conditions, if any, (b)	www.	3 43
ADI	930 stating the underlying cause last		
WITH UNFADING important. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not		
H Uant.	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ITI ourt			Yen No 🗗
Y. W.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Off office hldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
INL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not will at work at work	HOW DID INJURY OCCUR?	
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident suicide, homicide significant (Degree or title)	undetermined ADDRESS	from the evidence opinion resulted
PLEASE V	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER RELIGIOUS ACTION OAK LAWN CONTROL OF COMMENTS OF COMMENTS OF CEMETER OF CEM	RY OR CREMATORY   LOCATION (City, town, or count	(State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNALURE REG. 24 ST. FEDURE	24. FUNERAL DIRECTOR FUNERAL Home 7401 Belair Rd.	ADDRESS
		19UL DELAIT ROA	

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

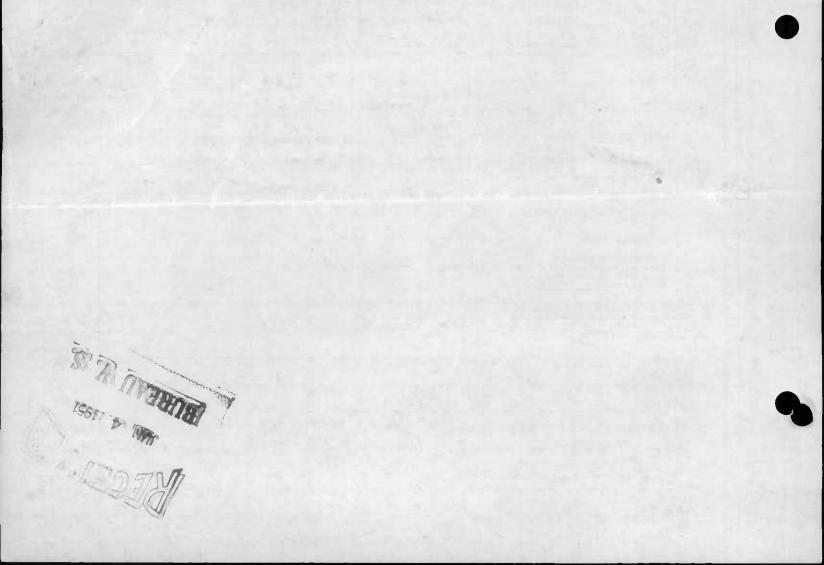
04615

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

820105

1. PLACE OF DEATI			2. USUAL RESIDENCE	(HOME) OF DEC		
ישמי	ltimore	MARYLAND	many	land	COUNTY	timore
OR give nearest	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR CITY (If outside core	orate limits, write I	RURAL and give	nearest town)
TOWN	Texas	1171.6 mo. 2d	. TOWN	Jepas		
HOSPITAL OR INSTITUTION OF STREET ADDRE	RS Ballimore C	ounty Lame	STREET ADDRESS Jet	(If rural, a	rive location)	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year)
(Type or Print)	Paul	Ka	minski	OF DEATH	may	30 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH			year  If under 24 hrs
mote	white	WIDOWED. DIVORCED,	Jan. 27, 1884	67	yrs. Months	Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF WHAT
done during most of w	vorking life, even If retired)	INDUSTRY Farm	Poland		C	W.S. A.
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME		
	trank R	ministe	anna (2	intension	)	
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	12	,
(1es, no, or unknown)	(If yes, give war or dates service)	or	Baltima "	o. Home	Record	S.
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
		0 .10	1			OHOMI MAD DEATH
Immediate	e cause (a)	Corney theore Corney solu	ween	B0:0000:00:00:0000v. v		a new.
421.1 1-1000	* * * * * * * * * * * * * * * * * * *	0				
	nt cause(s)	Coroning scler	new			
	o the above cause inderlying cause last	0		***************************************		**************************************
/// stating the d	(a)					
II. OTHER SIGNIFI	CANT CONDITIONS				-	
Conditions contribu	iting to the death but not se or condition causing deat	· dumle I ul	()			15 deal
		FINDINGS OF OPERATION			1,	20. ACTOPSY?
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN	(COUNTY)	Yes No (STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.)	(0111 011	101111	(COUNTI)	(SIAIE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCURT		
OF		While at Not While	10 11 212 11101111 01		17.0	
INJURY	m.	Work At work				
22. I hereby certi	ify that I attended th	e deceased from	, 1957, to May	-30 195%	hat I last so	w the deceased
			-0			
alive on	an 19.0, an	d that death occurred at	m., from the	e causes and on	the date stat	
SIGNATURE	-1 1 11	(Degree or title)	ADDRESS	·11 n	,	DATE SIGNED
Eliab	114 13. I he	well mir.	coelleys o	ille, M	c.	5/30/51
23. BURIAL, CREM		OF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City	town, or county	) (State)
REMOVAL (Speci		-1 - 1 1 1 1 1 1	11	DUNDALK.	M. d.	/ (Dunte)
DATE REC'D BY I	101.1		24. FUNERAL DIRECT	0 1	7-2 7.	ADDRESS
REG Man e	lei avra	0 01.1.5	1. 10 tt. R. 1.	B. 10.	10. 11	L. Mrd.
1100		10/10/100	IN LUCIO LUCIONELL	1 coarry 1	- undal	v, m



A STATE OF THE STA

2411 N. Charles Street, Baltimore

04616

# CERTIFICATE OF DEATH

Reg. Dist. No. 45

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
DALLE, MARYLAND	ataxcaster. Ital
OR give nearest town)  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write HURAL and give nearest town) OR
TOWN Middle Piver 5/2 475	TOWN LANCAC KY. FA
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS AVIVE FALL- NEWSING, HOME	
3. NAME OF (First) Emma (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	AUL DEATH MAY 2 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birtbday   Munder 1 year   If under 24 hrs.   Months   Days   Hours   Min.
FEMALE W 417 C (Specify)	1 1 1 864 8 0 VIS.
Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
AT. Hon-e 14 on seutor K	LANCASIER, NA. 4.5.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHAILES WALTER	BARNES
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
Yes, no, or unknown) (If yes, give war or dates of service)	Geo. N. Vonng. 31) E DYONGEST LANCASTEY PA.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
77 . 0	of slavel I had sellen Pred on alma
Immediate cause (a) Arlero sele	vous tem music challenge and to be
20,0 interestant course(s) and construct to	leaning large strate
Antecedent cause(s) Diseases or conditions, if any, (b)	and occurse, spinning
giving rise to the above cause at arteriosella	colic courses Herniples left de
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not	
related to the disease or condition causing death.	1 20. AUTOPSY?
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
	Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITTOR TOWN) (COUNTT) (STRIE)
HOMICIDE INJURY	HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURI OCCUR.
INJURY m.   Work   At work	
22 I hereby certify that I attended the deceased from	10, 19.50, to May 20, 19.51, that I last saw the deceased
22. I Mereby Certify that I described the	
alive on My 20, 19,5 and that death occurred at	4.30 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Vrumbyslen M.V.	901 Fullage in Ballimore 20ther
23. BURIAL, CREMATION ODATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS AND ADDRESS A
REG	Lass le General Home 7401. Bolain Rd Bells C
They st, 1951 1 Grant arently	There all James 1401. James Ica Data

The corne

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DA will EMMA FEB, 1864 86 4281 FEMAL WHITE CHALES WID INTER

5 100

XAUTE MAY 21 C

MANGASTER, PA

DAGNES

2411 N. Charles Street, Baltimore

# 04617

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Baltimore			
OR give nearest town)  Baldwin P.O.  LENGTH OF STAY  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin P.O. (raral)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sweet Air Road	STREET (If rural, give location) ADDRESS SWEET Air Road			
3. NAME OF (First) (Middle)  DECEASED (Type or Print) CHARLES EDGAR KI	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 3, 1951 19			
5. SEX Male  6. COLOR OR RACE Windows, Divorced, (Specify) Married	Jan. 11, 1889 62 9. AGE last hirthday of Months. Days Hours Min.			
done during most of working life, even if retired)  Linustry Court Stenographer  Ourt Stenographer  10b. Kind of Business on Industry Linustry Linu	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Arhold King	Julia Bowen			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NONE NONE	Mrs. Robert T. Valdivia, Baldwin, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause (a) Lewerce	arterioscleroses ?			
420 Antecedent cause(s) Optonary Diseases or conditions, if any, (b)	I Scleratie Heart Dea, 4 Mos.			
That giving rise to the above cause stating the underlying cause last (a) Chillrauth	Endarterilis cuppert 14x.			
Conditions contributing to the deach but not related to the product of the deach but not related to the product of the deach but not be related to the product of the produ	republicombasio 2da.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/4, 1957. to 5/3, 1957, that I last saw the deceased				
alive on 5, 3, 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED 5/5/57			
Burial May 7,1951 St. John's C				
May 5 / 195/ KW	John Burns' Sobs, Towson, Maryland			

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	not.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	79 nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BY 246 Rt. 14 Budsle K	STREET (If rural give location) ADDRESS	late Rel
3. NAME OF (First) (Middle)	(Last)  A. DATE (Month)  OF DEATH MAY	(Day) (Year) 21 19 51
(Type or Print)  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED,	1 8. DATE OF BIRTH   9. AGE last birthday   1f under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  (Specify)  10b. Kind of Business or Industry  (Industry)	1 11. BIRTHPLACE (State or foreign country)   12	2. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	w.7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of service)	17. INFORMANT Catherine Schatt	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Conditions		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c) Carcinoma	utrus advanced	3 YRS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No 2
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE  PLACE (Home, farm, factory, street, off office bldg., etc.)	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
Louis Semens (Degree or title)	37 Yuselage ave Bat 20 Md	May 21,1951
23. BURIAL, CREMATION DATE AHEREOF NAME OF CEMETI REMOVAL (Specify)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	LOCATION (City, town, or count tern doc	(State) - Rd - 2nd. ADDRESS
REG. 5 3 3 1 K.W. Wedsich	John & Connelly. E	21/2/-
V 1. Mal		/

# Items 2, 9 on: MAY 24 Maryland state department of health

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 1/

970 000

04619

	6.					
I. PLACE OF DEATH COUNTY	1.		2. USUAL RESIDENCE	(HOME) OF DECI		
COUNTY	Baltimore	MARYLAND	STATE CERCLIN	No Maceylar	COUNTY	
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpo	rate limits, write R		
OR give nearest	Fort Howard	fin this place)	TOWN RADINE	met Bet	timace	#1
HOSPITAL OR	TOTO HORSE		STREET		ve location)	1.1
INSTITUTION OF	R Wat A .m Hack	Ft Howard Md	ADDRESS Rt 1		217 n	Y 0 14
	ss Vet.Adm.Hosp			1,1		The series
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or Print)	TOM	H	LAMAR	DEATH	May	18 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last hirth	day   If under	year  If under 24 hrs
Male	Colored	(Specify) Single	10-31-25	25 26,	Months	Days   Hours   Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHAT
done during most of w	vorking life, even If retired)	INDUSTRY	Pidrowar	9 0		COUNTRY? IISA
13. FATHER'S NAM			Ridgeway.	N NAME		USA
Mam T						
Tom L	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	Maggie 17. INFORMANT AND	nunter		
(Yes, no, or unknown)	(If yes, give war or dates	of				
YS	service) W W II	250-40-3844	Clin.Rec.Vet.A	dm.Hosp.Ft.	.Howard,	Md.
е		18. MEDICAL CE	RTIFICATION			Maria Carlos
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
//- Immediate	e cause (a) SI	ubacut Glomerulone	phritis			unknown
4242	/ / Inthiculated country			unknown		
/ Anteceden	it cause(s)					
	conditions, if any, (b)		**** **********************************	000° 000° 000° 00° 00° 00° 00° 00° 00°		-0-00 00 00 + c) - ci + ci++ ( + p + + + + + + + + + + + + + + + +
	nderlying cause last					
100	(c)					
II. OTHER SIGNIFI	CANT CONDITIONS					1
Conditions contribu	iting to the death hut not se or condition causing deat	h				
		FINDINGS OF OPERATION				20. AUTOPSY?
A CONDING	(N:5-) DY A	CTO /III forther than	(CIMY OD	(DONAL)	(COTTA IMAGE)	Yes No
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	IOWN)	(COUNTY)	(STATE)
HOMICIDE	INJ	JRY				
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
INJURY	m.	Work At work				
			-1-	- 0		
22. I hereby certi	ify tha VA attended th	e deceased from May 2.	, 19.51, to May	18, 1951X	TARONO DIRECT	WX bX decemed
XIV DEXOLD COX	000000000000000000000000000000000000000	d that death occurred at (Degree or title)	(.:ДО. Р.m., from th	e causes and on	the date sta	ited above.
SIGNATURE		(Degree or title)	ADDRESS			DATE SIGNED
TAWRENCE.	J. KNOX, M.D.	09	YAVAH Fort How	ard. Marvil	and	5-18-51
23. BURIAL, CREM.				LOCATION (City.		
REMOVAL (Spec	ify) he of a					y) (State)
DATE REC'D BY		Mt. Pisgal		Ridgewa	y,5.U.	
DATE REC'D'BY 7	COCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT			ADDRESS
2			Charles R. L	aw, 602 Mad	ison Aye	·Balto ·Ma

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04620

Reg. Dist. No. 38

1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (I		COUNTY Ball-
OR give nearest TOWN	corporate limits, write RUR t town) Parkville	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR Parkvil		L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SS		STREET ADDRESS	(If rural give loo	ation)
3. NAME OF DECEASED (Type or Print)	Theresa	Maria La	/¥ A.\		(Day) (Year)
5. sex Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, VILLORCED, (Specify)	Jan 7 1865	9. AGE last hirthday 86	If under 1 year If under 24 hrs. Months Daye Hours Min.
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	Wash D C .		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	C T Trautman		14. MOTHER'S MAIDEN	NAME Charlett	e Mundlein
	ver In U.S. Armed Forces (If yes, give war or dates of service)		George E Lan	g 2902 Linwo	ood Ave
		18. MEDICAL CEI	RT1F1CAT1ON		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	11		INTERVAL BETWEEN ONSET AND DEATH
		1 10 1	- 10. 400	11. 2. 11	7
Immedia	te cause (a)_(	The Bellen	u Heave Vu	Han gove	aged
4200		Λ	1 1 100-1 00	1	
	nt cause(s) conditions, if any, (b)	ant allevel	- Intulaity	100 11 de	Shun de
and giving rise t	to the above cause		1		
	underlying cause last (c)	eil aleure	lever.		V
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat		a Doral S	me five	
	RATION 19b. MAJOR 1				Yes No W
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, etreet, office bldg., etc.) JRY	(CITY OR	rown) (C	OUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work			
		Mr. O	Co M.	20 =	
22. I hereby cert	ify that I attended the	e deceased from	190 to 1	d.y, 19, that	I last saw the deceased
21	· YU T		1 7 1 7		
alive on	19. an	d that death occurred at	ADDRESS	causes and on the	date stated above.
SIGNATURE	111/A	(Degree or title)	ADDRESS	O A	DATE SIGNED
bu	ale WIV	unde 35	of twee use	The Bols	1444 5 18/7
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	DF NAME OF CEMETE Loudon Pa	RY OR CREMATORY I	LOCATION (City, town Balto	or county) / (State)
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
	51 0.41	Hedrick	Ullrich Fun	erel men an	Onloans of

VS. A15

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04621 me

970000

	Reg. Dist. No
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town) TOWN FOR HOWARD	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR Vets. Adm. Hosp. Ft. Howard, Md.	STREET (If rural, give location) ADDRESS 1110 Parrish St.
3. NAME OF (First) (Middle) DECEASED MAJOR (NMI)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 18 151
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	S. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12borer unemployed  13. FATHER'S NAME	Richmond, Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Major 15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	Georgia MN Unknown 17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war of dates of Ves service) Wi-1	Clin. Rec. Vets. Adm. Hosp. Ft. Howard, Md.
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BUTWEEN ONSET AND DEATH
Immediate cause (a) Hypertensive Cardio	svascular Disease with renal indefinite
4/42 X Antecedent cause(s) failure	
Diseases or conditions, if any, (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes   No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?
TYA	r'a r' a 0
22. I hereby certify that XI Kattended the deceased from 5-10	1951 , to 5-18 , 19.51 , XXX XXX XXX XXX XXX XXX XXX XXX XXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1:50 P. m., from the causes and on the date stated above.  ADDRESS DATE SIGNED
LAWRENCE J. KNOX, M.D. VAH FORT HO	WARD, MD. 5-19-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Balto Nation	Dal Cemetery   5501 Frederick Ave Balto.Md.
REG. S/21/5/ Des Hedrick	Kelson Funeral Home 1303 Presstman St.Balto

2411 N. Charles Street, Baltimore

William Cook, Inc. St. Paul & Preston Sts.

Baltimore. Md.

CERTIFICATE OF DEATH Reg. Dist. No.....? 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY STATE Maryland Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY of information carefully. death clearly and legibly. OR TOWN give nearest town ort Howard 16 dayslace) Baltimore 2 TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md. STREET (If rural, give location) ADDRESS 1116 McAleer Court (Middle) 4. DATE (Month) 3. NAME OF (Last) (Dav) (Year) DECEASED THOMAS LE NNERT May 12 1951 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. 5. SEX Months | Days | Hours | Min. 1-16-80 Male White 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
Retired Marine Engr.

13. FATHER'S NAME COUNTRY? Baltimore, Maryland
14. MOTHER'S MAIDEN NAME USA y every item the causes of o Mary Richards John Lennert 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 213-12-3664 Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE TINKNOWN Immediate cause Antecedent cause(s) PLAINLY, WITH UNFADING is especially important. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus DENT TO THE TOTAL OF THE TOTAL Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized UNKNOWN 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 Yes | No F PLACE (Home, farm, factory, street, OF office hidg., etc.)
INJURY 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work At work INJURY WRITE DATE SIGNED SIGNATURE VAH Fort Howard, Md. 5-12-51 amuel 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) CEASE REMOVAL (Specify) Woodlawn Cemetery Woodlawn, Md. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE REC'D/BY LOCAL

260X

REG.

00

WRITE

PLEASE

A15

52

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Baltimore STATE Maryland MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town)
TOWN Randallstown 6 months Randallstown TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Clifmar Road Clifmar Road STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED Elsie Mae Lyons DEATH May 16 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs, 5. SEX Months. | Days | Hours | Min. Female Dec. 17. 1884 White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSEWIIE INDUSTRY COUNTRY? Calvert County, Md. None 13. FATHER'S NAME owler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If year, give war or dates of service) J. Herbert Lyons, Clifmar Road, Randallstown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Carcinoma of Ovaries - C 2 vrs. Immediate cause Antecedent cause(s) Met. to Liver and Ascites Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Congestive Heart Failure l week II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Carcinoma Ovaries - T Metastasis - Liver Feb. 195. Yes 🗌 No X PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) OF INJURY While at Not While Work At work 22. I hereby certify that I attended the deceased from Dec. 1, 1950, to May 16, 1951, that I last saw the deceased alivoon May 16 SIGNATURE 19.51 and that death occurred at ... 9.30 ... m., from the causes and on the date stated above.

ADDRESS

DATE SIG DATE SIGNED Randallstown. Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) 23. BUIMAL, CREMATION State 24/FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRES

VS. A15

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04624

	Leg. Dist. I	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	nv
COUNTY Baltimore MARYLAND	STATE and COUNT	Harr
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
TOWN (Kural) Chiny Mills 2 mos 4 da	TOWN Belain Sud	
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS (asewood State Tr. School	ADDRESS 23 S. main St.	1
3. NAME OF (First) (Middle) DECEASED T	(Last) 4. DATE (Month) GWESS DEATH May	(Day) (Year)
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	6 Wess DEATH May  8. DATE OF BIRTH 19. AGE last birthday I II unde	r 1 year   If under 24 hr
WIDOWED, DIVORCED, (Specify)	11/7   50 0 yrs.   Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY	Itan for of memorial Itorpetal	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0
Lemand magners	( hamita The Endran	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of none.	Rosewood - Owings mills	my
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) meningitis, pu	rulent acute	3 days -
7 7		
Antecedent cause(s)	congenital with complian	1
Diseases or conditions, if any, (b) the destalling giving rise to the above cause	f	
157 a stating the underlying cause last		0.1
(c) ing gressure	ulus	Buth -
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
nne		Yes I No IR
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	-14.1
OF INJURY  m.   While at Not While   Work   At work		
	F. 122 51	
22. I hereby certify that I attended the deceased from ./. 7 may.	, 19.3, to	saw the deceased
alive on 17 may, 195/, and that death occurred at	6 Pm from the sauces and on the date of	tátad abovo
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIGNATORNI / / O /	10 . ( (	
If. b. Durker m.D.	Gwings mells, mid	17 may 51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Burel Way (9,1951 Sostist	view forestill to	Lord to
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 5-29-51 (Your B. Elive.	Howard K. Milerun	* Sau
20x070242373	allingary and	



tem	4	Gilm	G133	6/8/1	51	wlw,						
[tems	1	,5,6	Film	nG134	7	MARYL	ÄNĎ	STATE	DEPARTMENT	OF	HEALT	H

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04625

Reg. Dist. No.#

1. PLACE OF DEATH Balts Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balls Co
CITY (If outside corporate limits, write RURAL and OR givo nearest town)  OR givo nearest town)  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Prace Church	Mast DEATH May 26 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH  9. AGE last birthday  If under I year  Months  Days  Hours  Min.
10s. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) INDUSTRY CALLES	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harm a. Barne	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of 28-22-9105	ms. Foplie Blickenstaff Hyde MA
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	el Clistusction Onset and Deate
Immediate cause (a)	a ( account / Loays
/5 3 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the sbove cause stating the underlying cause last	Aigmoid Colon & Mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 0 0 5 1 20. AUTOPSY?
Feb. 1951 Carcinoma Fig	merd Colon e Mutastasis Yes 1 No of
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m,	HOW DID INJURY OCCUR?
2/2	- H 5/26 H
22. I hereby certify that I attended the deceased from	, 1957, to 3/26, 1957, that I last saw the deceased
alive on, 192/, and that death occurred at	ADDRESS DATE SIGNED
Liftord J. Judson 7	Fork Mg, 5/27/57
REPROVAL ASPECTS NAME OF CEMETER REPROVAL ASPECTS NAME OF CEMETER PROVAL ASPECTS NAME OF CEME	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
may 21.511 6. E. Cullus	o, a amus form his
01.00	74:1361



1 有 花

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

226

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04626

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH COUNTY	Baltimor	MARYLAND	2. USUAL RESIDENCE (He STATE IId.		course	Olive
CITY (If outside co OR give nearest TOWN	town and all sto	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown			aearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRES	s Liberty Ro	ad	STREET ADDRESS Libert	(If rural, give lo	ocation)	
3. NAME OF DECEASED (Type or Print)	Grafton	(Middle) Thomas Maynar		OF DEATH May	4,195	40
s. sex	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Aug. 16,188	. AGE last birthday 63 yrs.	If under 1 y Months   D	year   If under 24 hrs. Days   Hours   Min.
Vice Presi	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or y Md.	foreign country)		CITIZEN OF WHAT
Benjamin			Lmma Carter	NAME		
15. WAS DECRASED E	ver In U.S. Armed Forces (If yes, give war or dates   service)	of	1202 0 0 0	ulse Mayn		
I DICEACES OF CO	ONDITIONS DIRECTLY		RTIFICATION RENGEL	istown, ma		INTERVAL BETWEEN ONSET AND DEATH
Immediat		Cerebral	Henry	us (		3415
443 X Anteceder	nt cause(s)	the sorters	mi Rarding	1/csen	en	
giving rise t	conditions, if any, (b)(b)(c)	Carten	ulevi		***	## ## ## ## Q Q V C T & A D C V T T T A D A D A D A D A D A D A D A D A
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing dea	th.				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TO	OWN) (0	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?		
	ify that I attended th	e deceased from 6ct 25	, 19 4 7 to may	/, 19.5/, that	I last sav	w the deceased
alive on SIGNATURE	7 2, 19.5 /21	nd that death occurred at. 1.	ADDRESS from the	causes and on the	date stat	ded above.
23 RURIAL CREM	ATION I DATE THERE	OF I NAME OF CEMETE		CATION (City, tow	n, or county	(State)
23. BURIAL, CREM BUREMOVAL (Spe-	1 0 /	l Lorraine E		oodlawn, M		ADDRESS
DATE REC'D BY REG. 5	5/ Aw.	Hedrich		,4101 Edm	ondsor	
		1/22	//		200	1000

2411 N. Charies Street, Baitimore

04627

# CERTIFICATE OF DEATH

Reg.	Dist.	No
------	-------	----

1. PLACE OF DEATH COUNTY Self	I. Woodstock Coll more.	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	y Baltimore
OR give nearest TOWN	orporate limits, write RUR. town) Rural		CITY (If outside corporate limits, write RURAL and gi	
HOSPITAL OR INSTITUTION OF STREET ADDRES		neryland	STREET ADDRESS Woodstock (If rural, give location)	ock, Mb.
3. NAME OF DECEASED (Type or Print)	William	(Middle) Heldrup	MCCLELLAN, J.J. 4. DATE (Month) OF DEATH May	(Day) (Year) 8 1951
MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 31 × 9 LE	8. DATE OF BIRTH 9. AGE last birthday If under Months 77 yrs.	I year   If under 24 hrs.   Days   Hours   Min.
done during most of w	ATION (Give kind of work orking life, even if retired) - EDUCATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  West Charter, Pa.	2. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
		ELLAN	ELLA HILDRUP	
15. WAS DECRASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Francis X. PEIRCE, S.J. (Word	stock College)
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Myscarditis		
	onditions, If any, (b)	Cerebral acc	idento Ti	19 49-50-51
	the above cause nderlying cause last	orterioslinsis	. Sembet.	1 12 m
Conditions contribu	CANT CONDITIONS  Iting to the death but not se or condition causing deat			**************************************
		FINDINGS OF OPERATION		20. AUTOPSY?
				Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.) IRY	(CITY OR TOWN) (COUNTY	) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certi	fy that I attended the	deceased from 19.4	9., 19, to, 19, that I last a	saw the deceased
alive on SIGNATURE		d that death occurred at	42.15.Am., from the causes and on the date st	tated above. DATE SIGNED
Hart	lot Burns	- 115 E.EAGE	R. St. Baltimore 2 md.	
23 BURIAL, CREM.	1. 5-11-	51 Woodste	BY OF CREMATORY LOCATION (Clay, towns or cour	sweet ml
SREO SEC'D BY	LOCAL REGISTRAR'S	SGNATORE	Bemara & Harl	ADDRESS'
1		200	and at E Mic	J PI

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY BALTIMORE MARYLAND	MARYLAND DANO.
OR give nearest toyn) (in this place)	CITY (If outside conporate limits, write RURAL and give nearest town) OR
TOWN TOWN	TOWN OIRESUILLE
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 4 Chirch LAYE	4 Chorch LANE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) BAS/A F. MS	EX DEATH 5 2/ 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. BATE OF BIRTH 9. AGE last birthday If under I year   If under 24 hrs.   Months   Days   Hours   Min.
10a, USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	CONFORD PA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Saha MC KIM	CARONINE DOULE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of service)	KATHERINE NICKIM. 9 CHUYCH LANE
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONER AND DEATH
I. DISEASES OR CONDITIONS DIRECTLI MINISTER	Alexander Hanne
Immediate cause (a) VIIII	cecrais per
152   Antecedent cause(s)	n. 1 1 0 0 1 1 1 1 2 744
Diseases or conditions, If any, (b)	myse acury 275
giving rise to the above cause stating the underlying cause last	
(c)	V I I I I I I I I I I I I I I I I I I I
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	<del></del>
related to the disease or condition causing deals.	4
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	01+62.
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?  Of July 15 5-24, 19.57, that I last saw the deceased
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Work At york   22. I hereby certify that I attended the deceased from WA	10 July 15 5-24, 19.57, that I last saw the deceased
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY Work Not While at Not While More Work At york  22. I hereby certify that I attended the deceased from Attended alive on 1957, and that death occurred at	10 July 15 5-24, 19.57, that I last saw the deceased
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from the Atyork alive on 1957, and that death occurred at	10 A.m., from the causes and on the date stated above.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from INJURY  alive on 1951, and that death occurred at SIGNATURE  SIGNATURE  Not While at Not While Mork Injury Injury Occurred Attacks  (Degree or title)	Definition of the causes and on the date stated above.  ADDRESS  Swills & M. G. 6/2 2/5-/
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY  22. I hereby certify that I attended the deceased from Mark  alive on 2 195 , and that death occurred at SIGNATURE (Degree or title)  SIGNATURE (Degree or title)	10 A.m., from the causes and on the date stated above.
HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from INJURY  alive on 1951, and that death occurred at SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF JAME OF GEMETE REMOVAL (Specify)	DATE SIGNED  ADDRESS  ADDRESS
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY  22. I hereby certify that I attended the deceased from Mark  alive on 2 195 , and that death occurred at SIGNATURE (Degree or title)  SIGNATURE (Degree or title)	Definition of the causes and on the date stated above.  ADDRESS  Swills & M. G. 6/2 2/5-/
HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF (While at Not While at Not While at Not Work At york    22. I hereby certify that I attended the deceased from Work At york    23. I hereby certify that I attended the deceased from Work (Degree or title)  24. SIGNATURE (Degree or title)  25. BURIAL, CREMATION DATE THEREOF (DAME OF GEMETE REMOVAL (Specify))  26. DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE	DATE SIGNED  ADDRESS  ADDRESS

MAN AND STATION OF THE STATION OF TH

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 04629

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

.. VVVVVV

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Baltimore MARYLAND	Maryland COUNTY			
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate ilmits, write RURAL and give near	est town)		
OR give nearest town) TOWN Catonsville 50 yrs.	TOWN Catonsville			
HOSPITAL OR mths 7 days	STREET (If ru al give location)			
STREET ADDRESS Spring Grove State Hospital	ADDRESS Spring Grove State Hospita	i]		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Des			
DECEASED	OF	-		
(Type or Print) PHILIP  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		1951		
WIDOWED DIVORCED	Months   Dave	Hours   Min.		
	Nov. 29. 1868   82 yrs.   5   13			
done during most of working life, even if retired) INDUSTRY	Course	ZEN OF WHAT		
none	Maryland	U.S.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Phillip Mehring	Mary Ruppel			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records, Catonsville 28, M	ld.		
18. MEDICAL CEI				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ERVAL BETWEEN		
i. Diseases or conditions directed beading to beating	( No	BI AND DEATH		
Immediate cause (a) Jofus	/ neumae			
Immediate (ause	, ,			
Antecedent cause(s)	as reall there			
Diseases or conditions, if any, (b)	fulli Cameron from dani Cameron -			
8   stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?		
	Ye	No 🗆		
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)		
PRIMARY TOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	to Catroville B-14	mal		
TIME (Month) (Day) (Year) (Hour)   INJULY OCCURRED	HOW MID INJURY OCCUR?	-62-1		
OF INJURY Man 12 195-1 5m. While at work at work	With I we Il not tallen	, packey		
	The second	1 mil		
22. I certify that I took charge of the remains described above, held an A	lutopsy , Inspection , Inquiry thefeon and from	the eviderce		
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my opin	ion resulted		
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE		ATE SIGNED		
Survey of the state of the stat		1		
Jeg Mich der Mo Wanter	Cha 1010 Neede un Ma	20/15,51		
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER		(State)		
REMOVAS (Specify) 5/1/51 Violetvil:	le Cemetery   Violetville. Mai	rvland		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNCHAL DIRECTOR	DDRESS		
REG.	IN Cook Inc 12121	b. Paul 1		
	70-11-14	VIII - VIII AND		

VS. A15A

The correct age

04630

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED.		
B1	ALTIMORE	MARYLAND	I HARY LA	AND	
	rporate limits, write RUR.	AL and   LENGTH OF STAY (in this place)	OR CITY (If outside corpor	rate limits, write RURAL and gi	ve nearest town)
OR give nearest TOWN	Füllerton	35	TOWN FULLER		
HOSPITAL OR INSTITUTION OF	771 7 77	,	STREET ADDRESS	(If rural, give location)	
STREET ADDRES	Ridge Road	L	Box 490 Al	Ridge Rd Full	lerton, Md.
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	MINNI VAHA	ATALLO MI	ETTINEN	DEATH May 22	. 1951 19
5. SEX	6. COLOR O' RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If under	1 year   If under 24 hrs.
F	W	WIDOWED, DIVORCED, (Specify) WICOW	Nov.1,1893	57 yrs. Months	Days Hours Min.
	TION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)   1	2. CITIZEN OF WHAT
HOUSE	orking life, evon if retired)	At home	Finland		Courtes. A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
Unkno			Unknowr		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	1	17. INFORMANT AND		ton, Ma.
110	service)	"  None	Mr.R.E.Marti	in 490 A-1 Ride	re Rd (son)
		18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		71	1 12	10	7.
// A // Immediate	cause (a)	Myotari	real mes	effece	- 3 week
160X	A	1		Ull antruk	7/
Anteceden	onditions, if any, (b)	Carecha	wo if a	al run	1
15 d giving rise to	the above cause nderlying cause last	1 - 1 -	1 7	1.011.	13/
scatting title in	(c)	will melen	lases int	Spheaded loca	13 hero
11. OTHER SIGNIFIC	17.1			9 0 0	
Conditions contribu	ting to the death hut not e or condition causing deat	b.	U		
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			1 20. AUTOPSY?
Sept 195	1'0 /21	Mes Showe	d carrein	Janes	
21. ACCIDENT	(Specify)   PLA	E (Home larm, factory, atreet,	(CITY OR	TOWN) (COUNTY	
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)			, (33352)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		2 /	. )	/	
22. I hereby certi	fy that I attended the	e deceased from the	), 195/, to kery	22, 195, that I last	saw the deceased
7					
SIGNATURE	7.7. L., 19.5, an	d that death occurred at	ADDRESS	causes and on the date s	DATE SIGNED
SIGNATURY	1111.	(200.00 01 000)	1(1)	- //	The state of the s
DTAK	NITE	cesor)	100. Or	tilla llo	- John bkg
23. BURIAL, CREMA	ATION   DATE MIERE	OF NAME OF CEMETE	RY OR CREMATORY   1	LOCATION (City, town, or cour	nty) (State)
REMOVAL (Speci	5/25/51	Oaklawn (	Cemetery	Baltimore, Md.	
DATE REC'D BY I	LOCAL   REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTO		ADDRESS
REG. 5-2	4-51	6. ,	BAT TO SAN SEL	MD SONS, The	tende
				may 1	The state of the s

04631

5162416

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DI	EATH: D-24		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infasts give residence of mother)		
County		timore	Manuland Do ltimone		
City or towa	outside city or town	ills	Owings Vills		
How long in shove nice	ce of death?	years	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	death occurred:	Street No. 20 Ritters Lane		
			(If rural, give LOCATION)		
How long in hospital	or institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	WE		3. (b) Social Security Number		
	FRANCI	IS M. G. MILLS	none		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	married	20 DITE DE DEITH (5 = 30 - 457) at 76		
marc			20. DAIL DE DEATH.		
6.(b) Name of husban	nd or wifeFlo	ora E. Mills	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		8.(c) If alive, give age 76 yrs.	1-1-159 10 5-30-157		
7. Birth date of	0	ot. 12, 1870	and that I last saw h		
deceased (mo., day		Days If less than one day	Immediate, cause of death		
0. 2100.	sis months		The state of the s		
80		hrs. min.	Toppour promplement		
9. Birthplace	Mary	Land	Due to Jage Jage Jase Jan		
	Carnente	er ( retired )			
10. Usual occupation	Carpente	of territor	Due to Mullioscelloseo		
11. Industry or busine					
質   12. Nama	Malach	ni M. Mills	Other conditions.		
12. Nama		Md.	443x		
	Marr	C. Gosnell	93d (Include pregnancy within 8 months of death)		
14. Maiden nam 15. Birthplace	16	U. 40011CII	Major findings of operations.		
15. Birthplace		Md.	Date of op.		
16. Informant M:	rs. Flora	E. Kills	Autopsy results		
		gs Mills. Md.	PHYStCtAN: Please underline the cause to which death should be charged statistically.		
Address			22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Bu	rial	Date thereof 6-2-1951 (month) (day) (year)	Accident, suicide, or homicide		
	1	Torgan Chapel	Where did labor econ?		
	atory	***************************************			
Location Ca	arroll Co	o. Md.	Injured at home, farm, industry, public place (where?)		
19 Superal director	C.	M. Waltz	Means of Injury   Injured at work?		
		Winfield, Md.	January / willish		
Address		wantiera, ma.	23. SIGNATURE M. D. or other		
10 5 3	31- 10-51	Yara B. Elina.	Bester The M. D. or deller 0/1-		
19. 5 - 3	31- 1951	Yary 3. Elina.	Bustus town Mais signed 30/3		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-151



The state of the s

mitter . It in Guidelle

Tartia of the lates

9

2411 N. Charles St., Baltimore

' (no

04632

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write BURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	Street No. // 2.4 - William Street (If rural, give LOCATION)		
3.(a) FULL NAME			
Ama W. Momera	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the size above stated; that lattended deceased from  19.34 to 3/19.51  and that I last saw how alive on 19.54		
deceased (mo., day, yr.) fam 11 1892c			
8. AGE: Years   Months   Days   It less than one day  hrsmin.	Immediate cause of death DURATION		
9. Birthplace (Town, county, and state)  10. Usual occupation.	Due for Medica Consistence		
11. Industry or business	Due to OCCUPATION OF THE PROPERTY OF THE PROPE		
12. Name	Other conditions / JACX		
14. Malden name. Annie Javore.  15. Birthplace //24 Milyay is	(Include pregnancy within 3 months of death)  Major findings of operations.		
El 15. Birthpiace //24 Wellson	Date of op.		
16. Informant J. Manual J.	Autopsy results		
Address / J 4 Mac A. Date thereof Deept - 1951-	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlat, cremation, or removal, Which?)  Cemetery or crematory. (March) (day) (year)	Accident, suicide, or homicide		
Location Blains Brook	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address 2020. Brothwood Ad	3. SIGNATURE Selection A. Geragh (		
19			

10-8. Bidal St-Dullmagtity.

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

04633

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- Saltamore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balt.
CITY (If outside of porate limits write RURAL and LENGTH OF STAY OR give nearest lown)	CITY (If outside corporate lights, write RORAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 0404 Liberty road.	STREET ADDRESS HO 4 (If rural, give location)	Poad.
3. NAME OF DECRASED (First) Fullwife . (Middle)	Moore St 4. DATE (Month) OF DEATH MAY	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify, MUNICE)	8. DATE OF BIRTH 9. AGE last birthday II mader Months yes.	year   If under 24 hrs Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linguistry	/11. BIRTHYPLACE State or foreign country) 12	COUPTEM?
13. FATHERS NAME, NOOPE	14. MOTHER'S MAIDEN NAME IN MUN	nz.
15. Was Dechased Ever In U.S. Armed Forces? 16. Social Security No. (15 yes, give war or dates of	MS- Laul of M. MOORE	16404 Roely Ro
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary	Phromburis	one hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
rone		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	_	
alive on	ADDRESS	ated above. DATE SIGNED
Earl L. Chapbers, M.O. 4	108 Juliany HS Conto . 7-0	nd. 5-5-5
PEMOYAL (Specify) May 8 1951 HARMONY CEL	RY OR CREMATORY   LOCATION (City, town, or count)	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8 / 5 / Per Redict	FUNERAL DIRECTOR 4510 LE	berty Hals
		de

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04634

# CERTIFICATE OF DEATH

Reg. Dist. No. 35-

		_
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND BALTIMORE	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	MARYLAND BALTIMORE	-
TOWN (IURAL) WHITE HALL (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR (RURAL) WH; TE HALL	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS VERNON ROAD	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Yes	
DECEASED (Type or Print) Jo /+ N /+ OM A 6	100RE DEATH MAY 28 19	17
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify/W ARRIED)	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24   Months.   Days   Hours   Months.   Months.   Months   M	hrs. lin.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WH	TAI
done during most of working tife, even if retired) INDUSTRY, TARMI	MARYLANIS COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THOMAS O. MOORE	MARY BURNS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If year, give war or dates of	/	
No service) NONE	LEVINA EMOORE INHITE HALL, MA	
18. MEDICAL CER	RTIFICATION INTERVAL BETWEE	2000
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA	
Q 01.0		2
· Immediate cause (a) Vursul gard	week sweek	20
//57 Antecedent cause(s)	· Semal	
420,0	Max Max	3
Diseases or conditions, if any, (b)	The state of the s	
giving rise to the above cause last stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	N 1000 100 100 100 100 100 100 100 100 1	10001000
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
DIAM OF OTHER PORT OF THE PROPERTY OF OF DIRECTION		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
	2 17 9 -0 -1	
22. I hereby certify that I attended the deceased from 12, 1957, to 2019. I, that I last saw the deceased		
alive on 28, 19 21, and that death occurred at 6:	30 Pm from the causes and on the data stated about	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNE	D
Marie Ray Const	6-1-11-00 hd	
Whomer Dormer MIN.	Three Haceron may 2	257
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)	1
BEMOVAL (Specity) MAX-30-51 BETHEL	WHITE HALL, RURAL ON 10	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS	
REG. May 29-57 Mrs. I toward S. Markline	Howard S. Markline, white Hall, and	1
		=
	/00/05	- 1



4.

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04635

The	1. PLACE OF DEATH- COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	2.6.11.
ully. bly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  OR give nearest town  OR give nearest town	CITY (If outside corporate limits, write RURAL and give new	rest town)
egri	HOSPITAL OR	STREET (H ruyal, give locgtion)	
r ca	INSTITUTION OR STREET ADDRESS 3007 California Clay	ADDRESS 3007 California	a leve.
rion y an	3. NAME OF (Eigh) (Middle)	(Last) 1 4. DATE Month) (De	ny) (Year)
arl	(Type or Print) Masiasia XI. O	ona ///oulas DEATH // May	10- 1951
of information carefully death clearly and legibly.	Finale White Vingle, MARRIED, WIDOWED, DIVORCE,	8. JATE OF BIRTH 9. AGE last birthday II under I year Mouths Day	Hours   Min.
n of dear	1/a. USUAL OCCUPATION Give kind of work none during most of working life, even if retired)  1/a. USUAL OCCUPATION Give kind of work none during most of working life, even if retired)  1/a. USUAL OCCUPATION Give kind of work none during most of working life, even if retired)		TIZEN OF WHAT
iter iter	13. FATTIAR'S NAME	14. MOTHER'S MAIDEN NAME	
r nsn	James Clarke	Dedde Slary	AA
Supply every item write the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	Mr. Omen Moulds 3001	alifornis
ply	18. MEDICAL CE		
Sup	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	// ON	TERVAL BETWEEN
a	Immediate cause (a) Chesque	Muses Letter (Infections)	V
INK. please	Immediate cause (a)		AN THE TO GO O O O O O STATE STREET, STATE STATE AND A STATE STATE
	Antecedent cause(s)  Diseases or conditions, if any, (b)		
N	giving rise to the above cause		A A V & S terreford 2 Communication 2 Colores 2 V & March
ND sic	93 d stating the underlying cause last (c)		
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
in C	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY?
田君			es 🗆 No 🗆
LAINLY, WITH U especially important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
ally	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
AIN	INJURY m.   Work   At work	110 -111/51	
PLAINLY is especially	22. I hereby certify that I attended the deceased from Jan.	, 19.4.7, to	the deceased
WRITE	alive on 57/0 , 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS D	above.
WR	Tyler Tolley Mis. 570	3 Horfalled 5711/5	7
ASE	25 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIOVAL (Specify) 5/14/5/	TO CHEMATORY LOCATION (City, town, or county)	MS (State)
(景)	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	DDRESS
7	5-14-51 1 G.W. Neduct	a) fruce 3303 parjor	a KION
		1/	

163

PLEASE VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

04636

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BORD. MARYLAND	STATE Will COUNTY BORN
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Javan (in this place)	OR TOWN Towser
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS /2/ E. Chisapeake live	ADDRESS 121 & Chesapeagle me
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) of Comes Masten	Mylvo DEATH 5 - 15 1931
5. SEX  COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTIPLACE (State or fereign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Tous or Mol COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dlo Myers	miria ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If year, give war or dates of service)	Unnie My ers - 121 Chrapeake Max
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
i. Diseases on comparisons same	O de
Immediate cause (a) Cneuce	Receimment
Antecedent cause(s)	sollitais at isola il su
Diseases or conditions, if any, (b)	graves. man o-ones
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	**************************************
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IJA, DATE OF OTBANIEN	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) INJURY	(OILLOWIN) (OUNTL) (BIALD)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	1 5 Way 15 F
22. I hereby certify that I attended the deceased from	19.57, to May 15, 19.57, that I last saw the deceased
alive on May 10, 19 , and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Fairs & Steers and med	. 2309. Janel Love Barto les
REMOVAL (Specify)	RY OF CREMATORY (LOCATION City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. C-17 ct7	January V. Sulling V Balt MA
	mamues in a mount of Jones my
	1990



04637

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH Balto. Co. Dundalk	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE COUNTY Balto.
2 65 CHERRANCEUT CAPE MARYLAND	a 60 Theres willer / In-
CITY (If outside corporate limits, write RURAL and OR OR OR Diverges town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR CONTROL OF CONTRO	STREET (If rural, give location) ADDRESS
STREET ADDRESS  3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) (Bernard le. Ostendork	DEATH May 19th 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WHOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hr   Months   Days   Hours   Min
Male While (Specify) Married	Que 7 /883 67. yrs.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired;  Thouldly - Many Grand Laste.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME
Joseph Ostendork	Johanna Rettman
15/ VAS DECLASED EVER IN U.S. ARMED FORCE 1 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or date of	INFORMANT AND ADDRESS
	lestherine Oslendon & 65 Rivervier
18. MEDICAL CE	RTIFICATION U
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
mun man	wardells, aguil I daile.
Immediate cause (a)	A
Antecedent cause(s) Diseases or conditions, if any, (b)	urclinis 84/10
giving rise to the above cause stating the underlying cause last	rue resonandation 8 Ms
11. OTHER SIGNIFICANT CONDITIONS	me, mill consider colors
Conditions contributing to the death but not related to the disease or condition causing death.	
19%. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
INJURI III. I WOLE I AL WOLE	1/ 0 . 10 =1
22. I hereby certify that I attended the deceased from	1115-
alive on 19, 19, and that death occurred at	ADDRESS ADDRESS AND THE Causes and on the date stated above.
stand A. Mudrew W. B. 3	3 Mudalh We Kludalh 22 Red head 19, 193
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE RECO BY KOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
R. G. /21/57 / He deal	Les & book 1701-03 h Patterson Park ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04638

I. PLACE OF DEATH- COUNTY  Ballo  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY R	
OR give nearest town Hallthorks (in this place)	CITY (If outside corporate limits, write RURAL and give nearest towo OR TOWN	)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4501 Maple an	STREET ADDRESS 4501 Maple an	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Oxunth DEATH Man 16	(Year)
5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH   9. AGE last hirthday   If amder 1 year   If under	
done during most of working life, even if settled)    10b. Kind of Business Oa   Industry   Industr	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF COUNTRY!	WHAT
13. FATHER'S NAME Clamie W Oxworth	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (83.03.563)	17. INFORMANT AND ADDRESS.	Sof.
IR. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BI ONSET AND	DEATS
an to		
Immediate cause (a) acute C	and the Tolker	
Antecedent cause(s)		
Diseases or conditions, if any. (b)	Vascular Christan	
93 / giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SYI
		No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m.   work   at work	HOW DID INJURY OCCUR?	
	'	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy [], Inspection [], Inquiry withereon and from the evid	lence
from: natural causes accident , suicide , homicide .	used died on the dry stated above, and death in my opinion resu	ulted
SIGNATURE (Degree or title)	ADDRESS DATE SIG	NED
Termitieffer Mylin Polo Cox	ceds an Mar16	57
REMOVAL (Specify) 5-19-51 Desler		ate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS	5
- May 631 Var nieggar	Marles Jonell My samual	n

1861 IS AM

2411 N. Charles Street, Baltimore

04639

### CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY POLICY MARYIAND			2. USUAL RESIDENCE (H	OME) OF DECEAS	ED. COUNTY	Rel	to
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TOWS ON MARYLAND  MARYLAND LENGTH OF STAY (in this place)			CITY (If outside corporat	e limite, write RURA	AL and give ne		
HOSPITAL OR INSTITUTION O	D	7.1	TOWN TOWSON STREET ADDRESS	(If rural, give le	ocation)		
STREET ADDRE	ess 630 larmouth		630 Yar	mouth Rd.			
3. NAME OF DECEASED (Type or Print)	(First) F RANCES	(Middle) REBECCA	(Last) PARTRIDGE	OF	onth) (I	Day)	(Year) 19 5
5. SEX female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	S. DATE OF BIRTH   1 Oct. 24, 1895	55 yrs.	If under I ye Months   Da	ar If unde	
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry	II. BIRTHPLACE (State or Pennsylvania			ITIZEN OF	WHAT
13. FATHER'S NAM	(E	ar nome	14. MOTHER'S MAIDEN	NAME	•		
Thomas J.	Carroll		? Bridget				
	VER IN U.S. ARMED FORCES?		17. INFORMANT AND	ADDRESS			Rđ
no no	service)	•	Mr. Gilbert D	Partride	e = 630	Yarmo	
		18. MEDICAL CE					
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				NEET AND	
Immediat	le cause (a) M	Lyocardial info	retion	pg = with + ======== 0 an 0 when === on o o o o o o o o o o o o o o o o		35 me	nutes
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last	ronary ocalus	ions - multiple	ance	.1.	947	
11. OTHER SIGNIF	(c) Collins (c) Co	ronary arteros	cleroses				
related to the disea	see or condition causing death						
19a. DATE OF OPE	RATION 196. MAJOR F	INDINGS OF OPERATION				. AUTOPS	
as ACCIDENIE	(Specify) I DI A	CE (Home, farm, factory, street,	: (CITY OR TO	(MAIN)	COUNTY	Yes 🗌	
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	office bldg., etc.) RY			JOUNTY)	(STATE	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	URI		9	1,3
100000000000000000000000000000000000000		d that death occurred at	(	causes and on the	date state	d above.	NED
23. BURIAL, CREM	IATION   DATE THEREO	,		CATION (City, tow		(Sta	1115
REMOVAL (Spec			DA DO	Scranton,	Pa		- 3
DATE REC'D BY REG. 5/3/5	LOCAL REGISTRAR'S	/ / 0 /	24 PUNERAL DIRECTOR	Money ?	Sur,	DDRESS	1
		- and			bull	) W	a

VS. A15

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04640

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.	. 0 // :
COUNTY Baltimore MARYLAND	STATE Maryland COUNT	Battimore
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR of this place,  TOWN  LENGTH OF STAY (in this place)  TOWN	OR O	ve nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Manor Road	ADDRESS Mahor Road	
3. NAME OF (First) . (Middle) DECEASED (Type or Print) Hattie Silver	Perdue   4. DATE (Month) OF DEATH May	(Day) (Year) 30 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	1 S. DATE OF BIRTH 1 9. AGE last birthday   If under	I year III under 24 hrs
Female White WIDOWED, DIVORCED, (Specify) Married	8 January 1816 75 yrs. Months	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even a retired)  INDUSTRY  INDUSTRY	Phoenix, Balto. Co. Maryland	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Gittings Wilson	1. Hattie Silver	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	B11- 10
(Yes, no, or unknown) (If yes, give war or dates of service)	Elcanor Elizabeth Bucking ham	Baldwin 14
18. MEDICAL C.	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardiac De	compensation	1445.
420, OAntecedent cause(s)  Diseases or conditions, if any, (b) Ar ferrio	sclerosis-generalized	10 YHS.
elizing rise to the shove esuse	otic Heart Disease	SVKS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from Feb	, 1951, to May , 1951, that I last s	saw the deceased
alive on 24 Hay 195/, and that death occurred at:	5:30 P.m., from the causes and on the date st	tated above. DATE SIGNED
halta T. Kees M.D.	Cockeysoille, Md. 30 Md.	ay 1851
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify) June 2, 1957 St Jam	ERY OR CREMATORY LOCATION (City, town, or counted that the counter of the counter	(State)
DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
fine 1-1951 Mes Hound & Markling	Martin H. Kurtz, farrett	solle Md



MOLEL IN THE PLANT OF THE PROPERTY OF THE PROP

33

683526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrest is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH BALTIAGE	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)  CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN ARBUTUS	nearest town)
HOSPITAL OR INSTITUTION OR 3315 WASHINGTON. BLYL	STREET ADDRESS 33/5 WASHING TON	BLVD.
3. NAME OF (First) DECEASED (Type or Print) TAMES R (Middle)	ETWAY JR DATE (Month) OF DEATH 5	(Day) (Year) 28 1957
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  TRUCK. PRINTS OF BUSINESS OF LANGE OF LANG	h Will care 40	CITIZEN OF WHAT
13. FATHER'S NAME TAMES, R. SR.	14. MOTHER'S MAIDEN NAME ESSIE SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT ELIZABETH PETWAY 3317 Was	h. shod
18. MEDICAL CE	RTIFICATION	Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Tumodista coura (a) Rheimadia	bles & Ukasaa	C 40 70
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work   at work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Machael alive on 25 19.5%, and that death occurred at	19.50, to many, 19.5/, that I last so	
Morris W. Sterrber M.D. 41	o N. Hilten St m	DATE SIGNED
REMOVAL (Specify) 5/29/57 Wulfon	RY OR CREMATORY   LOCATION (City, town, or count	
REG. 5/29/57 GW KLERNEN	Lalarene Toloman 1639 0	ADDRESS

ARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04642

### CERTIFICATE OF DEATH

- 1			
П	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	1
	COUNTY COLUMNS (D MARYLAND	STATE MURILLAM COUNTY	Bulto
	CITY (If outside corporate limits write RIBAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
	OR give nearest town) TOWN (in this place)	TOWN Charles mad	
	HOSPITAL OR	STREET (If fural, give location)	0/11/2011
	INSTITUTION OR DANTA WAR	ADDRESS -	Marecoon
	STREET ADDRESS / OUW /CLUEN KUNCE	" Hour lever were	races me
	3. NAME OF (First) (Middle)	OF OH	(Day) (Year)
-	(Type or Print) / neyes A Gey+yude	OWE75 DEATH MALLY	1957
-1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birtbday   If ynder 1	
-1	Temale White (Specify)	9/25/1874 76 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Givo kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
	Adone during most of working life, even if retired) INDUSTRY	Luitanolle S	OUNTENT
	13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME	ava so.
	Over the Imethy	annie () Ilm. Pr	1/2
-1	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	au
30	(Yes/no, or unknown)   (If yes, give war or dates of	Gast a Differen of Sal	.0 1
	( ) service) none	Isharucel Tuen & 1104	to rever
-1	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	Immediate cause (a) Cerebro-Vascu	Day allitent	5-6-51
-	Immediate cause (a)	ay-accuent	0-0.07
- 1	Antecedent cause(s)	L D. 1. 1 1 1 .	
- 1	Diseases or conditions, if any, (b) William Selling	u Cardio-Voscular disease	Inr
- 1			
-	giving rise to the above cause	11	
	6   giving rise to the above cause attaining the underlying cause last	ellitus	2 411
	61 stating the underlying cause last (c) Luabetes M	cellitus	2 yrs
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	tellitus	2 yrs
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tellitus	2 yrs
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	tellitus	2 yrs
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Pellitus	Yes No
	atating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY		Yes No
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY		Yes No
	Stating the underlying cause last   (c)   (c)   (d)   (d)   (d)   (e)	HOW DID INJURY OCCUR?	Yes   No   (STATE)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF OFFICE O		Yes   No   (STATE)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Work   At work      22. I hereby certify that I attended the deceased from Oct.	HOW DID INJURY OCCUR?  19.5.0, to, 19.5.1, that I last sa	Yes No No (STATE)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Work   At work      22. I hereby certify that I attended the deceased from Oct.   alive on 5	HOW DID INJURY OCCUR?  19.5.0, to, 19.5.1, that I last sa	Yes No No (STATE)  w the deceased ted above.
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   INJURY   OCCURRED OF OFFINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OFFINDINGS OF OPERATION   INJURY   OCCURRED OFFINDINGS OF OPERATION    22. Thereby (Country of the country o	HOW DID INJURY OCCUR?  19.5.0, to .5-6, 19.5.1, that I last sa ADDRESS	Yes No No (STATE)  We the deceased ted above. DATE SIGNED
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Work   At work      22. I hereby certify that I attended the deceased from Oct.   alive on 5	HOW DID INJURY OCCUR?  19.5.0, to .5-6, 19.5.1, that I last sa ADDRESS	Yes No No (STATE)  w the deceased ted above.
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While INJURY   Not While work   At work    22. I hereby certify that I attended the deceased from Signature   19.51., and that death occurred at (Degree or title)    13. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	HOW DID INJURY OCCUR?  19.5.0, to .5-8, 19.5.1, that I last sa ADDRESS  Sallo 6 Med  RY OR CREMATORY   LOCATION (City, town, or county)	W the deceased ted above. DATE SIGNED  5-8-51 (State)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, off office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF office bidg., etc.)   INJURY    22. I hereby certify that I attended the deceased from the deceased from the sign of t	HOW DID INJURY OCCUR?  19.5.0, to .5-8	W the deceased ted above. DATE SIGNED  5-8-51 (State)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While INJURY   Not While work   At work    22. I hereby certify that I attended the deceased from Signature   19.51., and that death occurred at (Degree or title)    13. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	HOW DID INJURY OCCUR?  19.5.0, to .5-8, 19.5.1, that I last sa ADDRESS  Sallo 6 Med  RY OR CREMATORY   LOCATION (City, town, or county)	W the deceased ted above. DATE SIGNED  5-8-51 (State)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, off office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF office bidg., etc.)   INJURY    22. I hereby certify that I attended the deceased from   At work    alive on. 5   6   19.5   19.5   19.5   19.5   19.5   19.5   19.5    23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE   REMOVAL (Specify)   May 11, 1951   Woodlawn Com	HOW DID INJURY OCCUR?  19.5.0, to .5-8, 19.5.1., that I iast sa ADDRESS  ADDRESS  RY OR CREMATORY   LOCATION (City, town, or county woodlawn, Balto. College   Location   Location	W the deceased ted above. DATE SIGNED  5-8-5/ (State) O ., Md .  ADDRESS
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)	HOW DID INJURY OCCUR?  19.5.0, to .5.5.8, 19.5.1., that I iast sa ADDRESS  Sallo Marian  RY OR CREMATORY   LOCATION (City, town, or county Woodlawn, Balto. Co	W the deceased ted above. DATE SIGNED  5-8-5/ (State) O ., Md .  ADDRESS

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ы	4	12	4	3
1	- AC	V	X	47
				-

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Nogers targe	
City or town	state Maryland county togers torge
How long in above place of death?	City or town. Salt.Mo.R.S. (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 34 DUN KIRK Road
34 DUNKIRK Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ewart Gordon Price	1 h
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF BEATH / MQ V 28 . 1917 21 7:36 7 m
6.(b) Name of husband or wife ONEITA PRICE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Medical Examinaers Case 10
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Dec. 16-1898	Immediate cause of death
8. AGE: Years Months Days If less than one day	
52hrs,min.	Corenary Occusion Sudder.
9. Birthplace Somer set Co. Md. (Town, county, and state)	Oue to
The state of the s	4201
10. Usual occupation A. CCO.UN. TANT Gas Co	Oue to
11. Industry or business	940,
# 12. Name QUSTAVE Price	Other conditions
12. Name QUSTAUS Trice Md	
# 14. Malden name SARAH TARLETON	(Include pregnancy within 8 months of death)
	Major findings of operations
El 15. Birthplace Md.	Date of op.
18 Informant MRS, ONEITA PRICE	Autopsy results
Address 34 Dunkirk Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 5-31-1051	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Surval Date thereof S-31-1951 (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location BALto Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. L. J. Ruck	Means of Injury Injured at work?
Address 5305 Hartord Rd.	John S. Green J. M. D.
19 5/31 10 57 a w Kedre	23. SIGNATURE  D. or other
(Date rec'd by registrar)	Address

-	-
	1 1
1	50
1	-

2411 N. Charles St., Baltimore

04644

### CERTIFICATE OF DEATH

Dist No 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimare	State Many Parad County Ballings		
City or town. Note h elist Man. Town on.  (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Sister Mary Vincentia Puf	*		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female While Single	200 2 051 531 4. 4		
Temper must.	20. DATE OF DEATH. 19.5.1. 21.5.30 A. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Aug 18 1948, 10 May 3 1951		
7. Sirth date of deceased (mo., day, yr.) Dec. 26, 1879	and that I last saw h. 1.2		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death COXR. M.R.Y.Y. O.R.S. P.W.S. R.L. DURATION		
7/ 4 7min.	1. Loke		
9. 8irthplace	Due to		
1D. Usual occupation Transless 435,1			
	Due to		
11. Industry or business			
12. Name Simon Puff	Other conditions assessing 3 classicia		
13. Birthpiace Germany	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Zimmarmay			
	Major fiediogs of operations.		
	Date of op		
16. Informant St. Mary Clara	Autopsy results		
Address Nobel Eliff Md.			
BURIAL  (Burial, cremation, or removal, Which?)  Date thereof MAY 5, 1957  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following:		
	Accident, suitable, or neminative		
Cemetery or crematory. VILLA MARIA CEMI	Where did injury occur?		
Location NOTCHCLIFF NR TOWSON.	injured at home, farm, industry, public place (where?)		
Del de de de de	Means of injury injured at work?		
16. funcial director states			
Address 901 S. CONKLING ST. BALTO. 24 MI	23 SIGNATURE		
19 5/3/5/10 aw. Hedrich	M. D. or other		
19. (Data real Abraefistrary) Registrary	Addrocc Date signed		

### VEADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH Cisespecially important.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04645

### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MG POIL COUNTY
Dat of more Maryland	Md. Barco.
OR give nearest towns ed. 19 (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ROSEGALE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7911 E. 33rd. St.	STREET ADDRESS 7911 E. 33rd. St.
DECEASED JOHN RADE	MACHER 4. DATE (Month) (Day) (Year) DEATH MAY 7, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify a Dried)	S. DATE OF BIRTH  9. AGE last hirthday  11 under 1 year  12 Months  13 Months  13 Months  14 Months  15 Min.
don Murior now againg life, even if retired) 10b. Kind of Business on the company of the company	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
is. Father's name John	? Von Hohlman
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no of unknown) (If yes, give war or dates of 212-10-8704	Mrs. Emelie Rademacher Rosedale
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	a garage
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	oselerotio Carflia
93 stating the underlying cause last (c)	lar dixease E Hy herlangions
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	'//
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ACCUPANT (Cont.) DIACE (None for fortest	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At worth	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 48 to May
alive on	ADDRESS DATE SIGNED
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)  Balto. Md.
DATE REC'D'BY LOCAL   REGISTRAR'S SIGNAPURE	24. FUNERAL DIRECTOR ADDRESS
REG /10/5/ 140 Reduck	Paul A. Heemann 6067 Harford RD.
1 Ver	Edd 221

Dr. L. B. Stevens 3400 Erdman Ave. The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

### CERTIFICATE OF DEATH

04646

1. PLACE OF DEATH	4.		2. USUAL RESIDENCE (	HOME) OF DECEASED.	
Bal Bal	to Co	MARYLAND	STATE Md	Balto COT	INTY
		AL and   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL an	d give nearest town)
OR givo nearest	town salt of Col	verlea Life place)	TOWN BEATON	o Overlea	
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give locatio	n)
INSTITUTION OF	ss 6801 Beech	Arro	ADDRESS 680I	000	,
3. NAME OF	(First)	(Middle)	(Last)	Beech Ave (Month)	(7)
DECEASED	(1,1100)	(Middle)		OF	(Day) (Year)
(Type or Print)  5. SEX	Anna 6. COLOR OR RACE	C CINCLE MARRIED	Refilly	DEATH May	7 195
		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOW	March 28.1887	9. AGE last hirthday If un Mor	nder i year   If under 24 hr hths   Days   Hours   Min.
Female	White ATION (Give kind of work	10b. Kind of Business or		04 yrs. 1	
done during most of w	orking life, even if retired)	Industry Home	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		14.	Baltimore Ci	NAME	U.S.A
	Th to 1 to 100				
15 WAS DECRASED ES	Patrick Rones VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	Mary Sad	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates lservice)	of	******		
- MO	lservice)	<del></del>		680T Beech Ave	Balto 6 Md.
		18. MEDICAL CE	RTIFICATION		Y
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		CANACE OF RU	CHT BULLEY		1 40+
Immediate	e cause (a)	CANCER OF RIG	MI CONCI	. 100	
175X Anteceden	it cause(s)				
Diseases or o	conditions, if any, (b)	·v=00			
	nderlying cause last				
490 stating the u	(c)			/	-
II. OTHER SIGNIFI					
Conditions contribu	ting to the death hut not se or condition causing deat	h.	-		-
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION	VE	SICO-COLIC FISTE	VLA   20. AUTOPSY?
1/15/5	TI CARCINO	MA P. OVARY; PAR	THL BBSTRUCTION	SIGMOID. A	Yes No P
21. ACCIDENT / SUICIDE		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR		
HOMICIDE	INJ	JRY	*		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		1/-	2 -, -/	7 -1	
22. I hereby certi	ify that, I attended th	e deceased from	4, 19 5, to 5/	, 19 , that I la	st saw the deceased
" 0	5/7 1051		10 465		
alive on	, 19.4./., an	d that death occurred at!	ADDRESS	causes and on the dat	
SIGNATURA	1.2.1	(2000000)		R allel	DATE SIGNED
Her	w. macken	$m, \lambda = 63.$	31 / Jelan't	d. / sala 6/ h	2. 5/8/51
23. BURIAL CREM	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or o	county) (State)
REMOVAL (Spec	1 5-IO-I95	I Holly Redee	mer Cem.	Balto.	Md.
DATE REC'D BY		SIGNATURE	24, FUNERAL DIRECTO	OR .	ADDRESS
REG.			tangalen to	unal. Home 7401.	Belin PA.
			The state of the s		Land lad.

Jumachelet - Ham 2686 6331131a. K. A +8 ." April State of the State of the

820

The correct

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04647

### CERTIFICATE OF DEATH

I. PLACE OF DEATH. COUNTY Realtimore	2. 1	JSUAL RESIDENCE (H	OME) OF DECEASE	D.	D-143
Dat of more	MARYLAND	mar y La			Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) Cat onsville		CITY (If outside corpora FOWN Catonsv	ille		nearest tewn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 907 Edmondson	_   A	TREET 907	(If rural, give to Edmondson		
DECEASED	ddle)	(Last)	OF		(Day) (Year)
(Type or Print) ASRURY  5. SEX   6. COLOR OR RACE   7. SINGLE	RTDEOU , MARRIED, 18. D		9. AGE last birthday		
Male Colored WIDOWE (Specify	Married Jan			Months   1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind done during most of working life, even if retired)   INDUSTRY	of Business or   11.	BIRTHPLACE (State of	foreign country)	12. C	CITIZEN OF WHAT
13. FATHER'S NAME		MOTHER'S MAIDEN	NAME		
Asbury Rideout		Adelaide W	ells	907	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL (Yes, qq, or unknown)   (If yes, give war or dates of		INFORMANT		1-1	
NO service)		s. Anita Ri	deout Edmo	onasoi	n Ave.
	18. MEDICAL CERTIFI				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	X			ONSET AND DEATE
Immediate cause (a) 6	dad (ao	cula Te	naldip	east	
		90000000000000000000000000000000000000	6-000 00-00 <b>00</b> 000 0 <del>111111111111111111111111111111</del>		199 DO DO DO 9000000000000000000000000000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	\$ 0.48 <u>0.00 0.00 0.00</u> 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	***************************************		**************	
(c)				- 1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	In a	mition			2 mo
19a. DATE OF OPERATION   19b. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
					Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, for office bldg. HOMICIDE INJURY	arm, factory, street, , etc.)	(CITY OR T	OWN) (C	OUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY COF INJURY m. Work	OCCURRED HONOR While At work	OW DID INJURY OCC	CURT		
22. I hereby certify that I attended the deceased	DOC 12,	950 to May	7, 19.5, that	T last say	the deceased
22. I needby certify that I attended the deceased	97	v D	, LV, ULAU	I last sa	w the deceased
alive of 2	th occurred at	Pm., from the	causes and on the	date stat	ted above.
SIGNATURE SBING he	o 1413	IN LAND	a Ba	eto	An DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF N. Burial (Specify) June 3, 1951	AME OF CEMETERY O	R CREMATORY L	OCATION (City, town Baltimore		) (State)
A DATE REC'D BY LOCAL   REGISTRAR'S SIGNATUR				,	ADDRESS
REG.		FUNERAL DIRECTO	K TT		ADDKESS
		Holland Fu	neral Home		ADDRESS
June 2. 1951 K.W.		Holland Fu: 1631 Druid	neral Home Hill Ave.		V/OS

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04648

1. PLACE OF DEAT	v.		2. USUAL RESIDENCE (1	JOMES OF DECKLOED.	
COUNTY	alto	MARWI AND	STATE Md.		INTY "
	corporate limits, write RUR.	MARYLAND AL and   LENGTH OF STAY	1	ate limits, write RURAL an	d give nearest town)
OR give nearest	t town)	(in this place)	OR TOWN Baltim		
HOSPITAL OR			STREET	(If rural, give locatio	n)
INSTITUTION OF	R SS		ADDRESS 4703	Sayer Ave Ar	
3. NAME OF	· (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	HENRY_	SE SIE US SE IN	RINN		19, 1951 19
5. SEX male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Apr. 1. 1861	9. AGE last hirthday If un Mor	nder 1 year   If under 24 hrs. itha   Days   Hours   Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	(E) · ·	посет	Maryland	NAME	
Henry Rin			Elizabeth Fre	140-	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates of lacrvice)	none	Mr. Henry F.	Rinn - 4703 Sa	ver Ave.
:======================================		18. MEDICAL CE		10000	
I DISPASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH	, 0		INTERVAL BETWEEN ONSET AND DEATH
i. Diblinding ou			4/0/	1 1).	Order and Death
Immediat	te cause (a).	Crterioscleroli	ic adurence	Mar Judease	15 Jus:
U22 / Anteceder	nt cause(s)				
Diseases or	conditions, if any, (b)		***********************************	1017mp11 - 0101 - 1000 - 1mp1ma-000 100 2-00 2-00 2-00 2-00 2-00 2-00 2	**************************************
93d stating the	to the above cause underlying cause last				
	(e)				1
Conditiona contribu	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.			of man
		FINDINGS OF OPERATION			20. AUTOPSY?
*					Yes No 🛪
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUN	TTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		0	- 1	.0 -	
22. I hereby cert	lify that I attended the	e deceased from Jan. 2	o, 1991, to May	$\frac{1}{2}$ , $\frac{19.5}{1}$ , that I la	st saw the deceased
alise on Mi	211 /3 105/ an	d that death occurred at	2:45 Am from the	causes and on the dat	e stated shows
SIGNATURE	10.3., 40	(Degree or title)	ADDRESS	causes and on the day	DATE SIGNED
Chillian	Mosslerg	lug. 34	36 Wash Be	Nd -30	5/21/51
23. BURIAL, CREM BEMOVAL (Spec	city) DATE THEOLOGICAL	NAME OF CEMETE Woodlawn		Woodlawn. Md.	county) (State)
	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
REC. / W/	1511		JAM. 4.	conner &	Mrs- "
$\rightarrow$				17	10to 11/11 1.
			V	210836 /2	allo rola

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04649

### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Dollar
Balto. MARYLAND	Md. Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Sparrows Point LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 7705 Bayfront Rd.	ADDRESS 7705 Bayfront Rd.
3. NAME OF (First) (Middle)	(Last) (Keller) 4. DATE (Month) (Day) (Year)
(Type or Print) Bettye MAE Ro	DERTSON DEATH MAY 27 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 19. AGE jast birthday M under 1 year III under 24 hrs
female white WIDOWED, DIVORCED, (Specify) DIVORCED.	1 0an 0, 150±   ±1 yrs. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Buyer Leather Goods	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John D. Robertson  15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	Mae Biggs
(Yes, no, or unknown)   (If year, give war or dates of	Ave
	Miss Helen B. Robertson - 5501 Woodcrest
18. MEDICAL COLL. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
m.T. ot.	Falaba.
Immediate cause (a)	W. Ja ware
/7/X Antecedent cause(s)	1/2 -
Diseases or conditions, if any, (b) wroning	- of lend Zyrs
48 o giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22 I hereby cortify that I attended the deceased from him /	O., 1956, to Many 27., 19.57, that I last saw the deceased
	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS 6 DATE SIGNED
Sames / Means M. D.	20 D 51 Sparrows (1,19Med. 5/27/57
DEMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
//Durial,	Cem. A Moodlawn, Md.
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
3/24/5/ 100 / reduck	1.// Mr. y JAMWY / SAWS
1)2	1 280691 Balto Ma

The correctiage

### MARYLAND STATE DEPARTMENT OF HEALTH

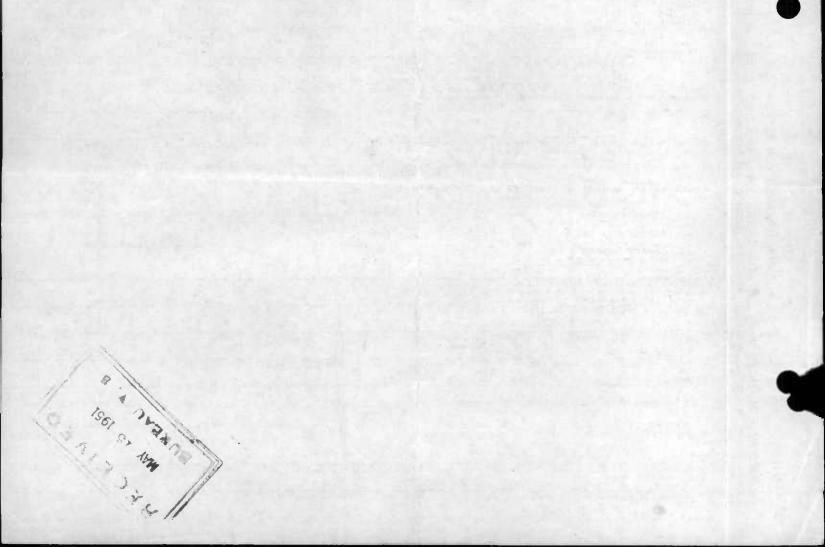
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

41

04650

1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
BALTO.	MARYLAND	mcl.	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	(19) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR	ve nearest town)
		STREET (If rural, give location)	
INSTITUTION OR	MOR	ADDRESS	/
STREET ADDRESS CARROLL	NURSING HOME	13395, LEHICH ST.	./
3. NAME OF (First)	(Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) FRANK	ELDRED	ROSS, SR, DEATH 5	
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH   9. AGE last birthday   If under	12 195
A. 1.1	WIDOWED, DIVORCED,	Months	Days Hours Min.
///	(Specify) WIDOWED	10/31/1894 56 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
FOREMAN	STEEL	SPARROWS PT. n.d.	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	V . U
CHAS P. ROS	<	KATHERINE I. BAKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give wan or dates o		1 - 5 3	00 1
N leervice) NO			ARMY
	18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH .	$\sim$ $\sim$ $\sim$	INTERVAL BETWEEN ONSET AND DEATH
	11 1 2 1	() / I+ T- 0	Older Mild Danie
Immediate cause (a)	alanimo	of lught longer	6 MAS
A S A	(		
Antecedent cause(s)			
Diseases or conditions, if any, (b)	***************************************	70 * 0 * 7 0 * 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	
giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS			1
Conditions contributing to the death but not			
related to the disease or condition causing death			
191. DATE OF OPERATION 198. MAJOR P	INDINGS OF OPERATION		20. AUTOPSY?
			Yes D No H
21. ACCIDENT (Specify) PLAC SUICIDE (Specify)	E (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE / INJU	RY etc.)		
TIME (Month) (Day) (Year) / (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m.	While at Not While Work At work		
INJUICE this 1	WOLE   AL WOLE		
22. I hereby certify that I attended the	deceased from NOV.	, 1950, to May 12, 1951, that I last s	
AA	deceased morning.	n, F	aw the deceased
alive on A.A., 19.5, and	d that death occurred at		etad shove
SIGNATURE	(Degree or titie)	ADDRESS	DATE SIGNED
SAID SIL. M	1 /1/11	1116 W. m. 5	1/1/21
ON Navis 001.	10 mil	ancie In	14/8/
23. BURIAL, CREMATION   DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 5/15/57	LOUDON	PARK BALTO, Md.	(00000)
DATE REC'D BY LOCAL   REGISTRAR'S		24. FUNERAL DIRECTOR	ADDRESS
REG.	- 5 / 00 0	A AL WALLETON	ADDRESS
May 14-1931 Willia	m m. nelly	Walls Kinge Kkadley, Wien	Jolh, mys
	1 80		



The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.....

Edmondson

COUNTY Balt	H·		2. USUAL RESIDENCE (H		COTTO		
Balt	Imore	MARYLAND	Marylan			Baltim	ore
OR give nearest	COLDOLETA HIMITER WILLS IN O. I.	AL and   LENGTH OF STAY (in this place)	OR CITY (If outside corpora	te limits, write RUR	AL and give	nearest tow	n)
	stus		TOWN Arbutus	(44)			
HOSPITAL OR INSTITUTION O	R 1236 Mapl	e Avre	STREET ADDRESS	(If rural, give	iocation)		
STREET ADDRE	iss in the pr	o ave.	ADDRESS 1236 Ma	ple Ave.			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (A	Month)	(Day)	(Year)
(Type or Print)	HOWARD	C. F	USSELL	DEATH	May 21	1951	19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,		9. AGE iast birthday	If undar I	yaar Il und Days Hour	ler 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Widower	Oct. 18 .1884	66 угв.		Days   Hour	WIII.
dona during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foraign country)		CITIZEN OF	WHAT
13. FATHER'S NAN Russell	<del>laeninist</del>	Md. Steel Co.	14. MOTHER'S MAIDEN Unknown	NAME			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY NO.	17. INFORMANT		1	rbutus	2
	(If yes, give war or dates (		Was I A	3/ 30			
	inel Arce)	18. MEDICAL CE		Manger, 12	30 Map	Le Ave.	
						INTERVAL I	
I. DINEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	DEATH
Diseases or							
	(c)						
Conditions contrib	ICANT CONDITIONS outing to the death but not ase or condition causing deat	h.					
19a. DATE OF OPE	ERATION   19b. MAJOR	FINDINGS OF OPERATION				20. AUTO	PSY?
						Yes 🔣	No 🗆
21. EXTERNAL CAPRIMARY OR CAUSE OF DEAT	ONTRIBUTING   OF	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR T	OWN)	(COUNTY)	(STAT	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
obtained by sa from: natura SIGNATURE  Mauley 22. BURIAL, CREW	id Autopsy, Inspection of causes . arcident	tins described above, held an Ar Inquiry, find that said dece.  , suicide [], homicide [].  (Degree or title)  M.D. 700  OF NAME OF CEMETE	used died on the day state undetermined □. ADDRESS  Fleet St Balt	d above, and deat.	h in my c	DATE SI	sulted IGNED
Burial (Spe	May 24/	51 Loud on n	3-	Bo740 00	3/12		
DATE REC'D BY		SIGNATURE	21 FUNERAL DIRECTO	ROLLO CAS	THE .	ADDRES	S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

VS. A15A

The correct age

### 5,6,7, G I 2 MASTLAND STATE DEPARTMENT OF HEALTH

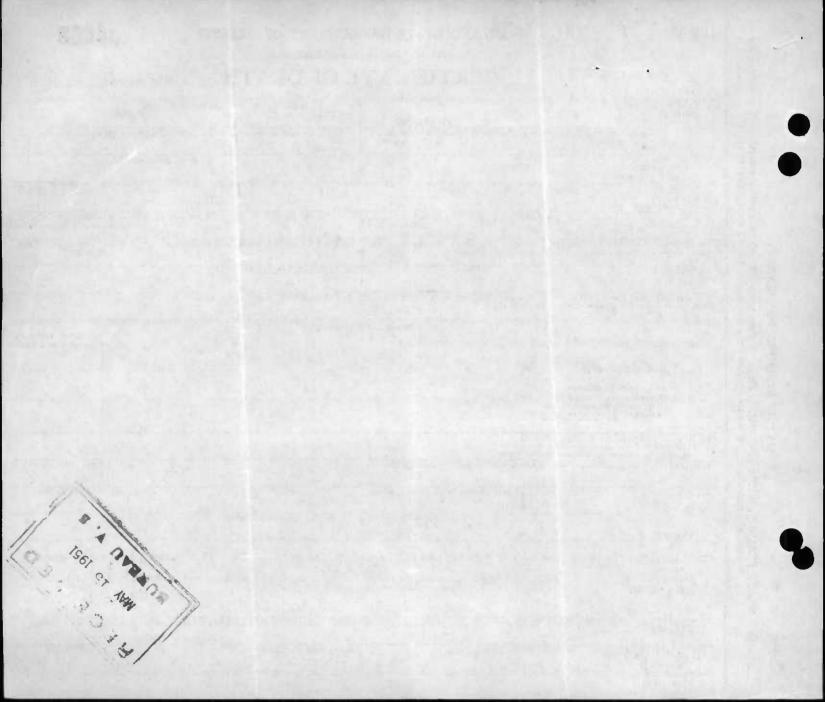
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No..

04652

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY RALTO MARYLAND	STATE M COUNTY	KALTU
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OP give negrout town) (in this place)	TOWN SPARROWS PT.	
TOWN SPARROWS YT. 3 YRS.	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS	
STREET ADDRESS 40 F. STREET	401 / , ) / (	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) RICHARD FRANCIS	SAMS DEATH 5	7 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	year  If under 24 hrs.
WIDOWED, DIVORCED,	9/0/1914 WI Months	Days Hours Min.
100 TISTIAL OCCUPATION (Give kind of work   10b, Kind of Business or	11. BIR DHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
SHOT BLASTER STEEL	W. VIRGINIA	J.S. 1.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN K SAMS	LULA FALWELL	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 234-05-9520	URSULA M. SAMS - W	IFE
18. MEDICAL CE		
	BIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
( 1 ) (		
Immediate cause (a)		0044 00 10 00 00 mm 0 1 0 mm 0 mm 0 mm 0
420.1.	hay occlusion	
Antecedent cause(s) Diseases or conditions, if any, (b) Oosters cores	rany Occlusion	5 weeks
giving rise to the above cause		
atating the underlying cause last	9	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No DY
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.)		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	NOW DID INJURI OCCUR:	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from Musch	21 .051 . May 7 1051 My 71-4	43
22. I hereby certify that I attended the deceased from	of 190' to // complete that I last a	aw the deceased
201 2 51	, 10, 00	
10 / 10 and that death account at		
	2:15P m., from the causes and on the date st	ated above.
alive on 19, and that death occurred at (Degree or title)		
	2:15P m., from the causes and on the date st	ated above.
SIGNATURE E. Farber M.D.	2:15 P.m., from the causes and on the date st ADDRESS 914DSl, Spenows Point	ated above. DATE SIGNED  5-9-5/
SIGNATURE  (Degree or title)  M. D.  23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE   REMOVAL (Specify)	2:15 P.m., from the causes and on the date st ADDRESS 914DSl, Spenows Point	ated above. DATE SIGNED  5-9-5/
SIGNATURE (Degree or title)  Ochech E. Jack M. D.  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  5/10/5/  OAK	2:15 P.m., from the causes and on the date st ADDRESS 914DSt, Spenows Forms  GRY OR CREMATORY LOCATION (City, town, or count BRLTO, M. J.	ated above. DATE SIGNED  S-9-5/ (State)
SIGNATURE: (Degree or title)  23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE   REMOVAL (Specify)   STATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	2:15 P.m., from the causes and on the date st ADDRESS 914DSl, Spenows Point	ated above. DATE SIGNED  5-9-5/
SIGNATURE (Degree or title)  Ochech E. Jack M. D.  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  5/10/5/  OAK	2:15 P.m., from the causes and on the date st ADDRESS 914DSt, Spenows Forms  GRY OR CREMATORY LOCATION (City, town, or count BRLTO, M. J.	ated above. DATE SIGNED  5-9-5/ ty) (State)



VS. A15

2411 N. Charles Street, Baitimore

### CERTIFICATE OF DEATH

I. PLACE OF DEATH! Lucks ave Rul MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Dorchester
CITY (If outside corporate limits, write RURAL and CR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give on the control of the con	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 918 Leeds ave.	STREET (If Aral, give location) ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Sate 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED,  (Specify) MATTIE	Feb 23 1878 73 yrs. Months.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)  NOTICE TO BUSINESS OR INDUSTRY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONL	VA.	COUNTRY?
BENTAMIN M. SARD	14. MOTHER'S MAIDEN NAME, MAYGARET HUBBARD	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY No. (7.15.20.01/0 A.	Mrs ELSIE MCMAHON SARD	
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ary Treberaulous	ONSET AND DEATH
Immediate cause (a)	f 0 . ()	
Antecedent cause(s)  Curllus 3 Cle	rotte Cardin lace. His	7
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	,	***************************************
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	issafre Haser Trophy	gruss.
19a. DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION Sew gr Proportion	Egger trop by	Yes No No
21. ACCIDENT (Specify) HLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work	1 12 761 18 51	
22. I hereby certify that I attended the deceased from.	19 to 10 1 19 that I last s	
alive on 19, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
f carl Jass, M. N. 40	01 Wilkens ave 5-	18-5-1
23. BÜRIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify) 5. 21/-1957 EAST NEW N	ARKET LOCATION (City, town, or count  EASY NEW MARKET	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
Man 11.	111 Mary Mary	tet sul
	Par (400) 15/0	358 MX

2411 N. Charles Street, Baltimore

04654

### CERTIFICATE OF DEATH

1. PLACE OF DEATS	Baltimore:	MARYLAND	STATE MO		COUNTY
CITY (If outside c OR givo nearest TOWN	orporate limits, write RUR. town) Dundalk	AL and   LENGTH OF STAY	II OR	rate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 6817 Hola	bird Avenue	STREET ADDRESS 68/	(If rural, give locs	
3. NAME OF DECEASED (Type or Priot)	(First) Minnie	(Middle) * Schla	(Last) ffer	14. DATE (Mon OF DEATH 5-	(Day) (Year) 10- 1951
5. SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWEDWIDWORGED, (Specify)	8. DATE OF BIRTH 7-23-69		If under 1 year If under 24 hrs. Months   Days   Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired) HOUSEWITE	10b. KIND OF BUSINESS OR INDUSTRY	11: BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		Honbing	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	of 16. SOCIAL SECURITY NO.	Bertha Schlaf	Address fer 6817 Hol	abird Ave
		18. MEDICAL CE	ERTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	luster - Car	die Vasar	INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	www.			X
Man Antecede	nt cause(s)	012000			,
Diseases or	conditions, if aoy, (b)	Nacas	410 =5 0 10 5 0 0 0 0 0		**************************************
93d stating the	inderlying cause last (c)	( Chronie )	My o cardelis		15 m
Conditions contrib	ICANT CONDITIONS uting to the death but not use or coodition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗗
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	URY/	(CITY OR	rown) (Co	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	While at Not While Work At work	HOW DID INJURY OF	CUR?	
22. I hereby cert	ify that I attended th	e deceased from Feb. 1	7, 19 47, w May	10, 1951, that I	last saw the deceased
alive on 5.	on mit.	dd that death occurred at (Degree or title)  800 Moren	ADDRESS Rd	Dundan.	Vhed Stelly
23. BURIAL, CREM REMOVAL (Spe	ATTION DATE THERE	1-51 Oak	Laun 1	LOCATION (City, town,	ma
DATE RECO BY	S REGISTRAR'S	SIGNATURE duck	24. EUNERAL DIRECTO	In- 4-03 &	- Wolf LA
1		1.DO-	1		1

Dr. Vairis. 6800 Mornight Ad

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04657

### CERTIFICATE OF DEATH

Reg. Dist. No ....

1. PLACE OF DEATHY W	2. USUAL RESIDENCE (HOME) OF DECEASED	147
COUNTY SQUIMMENT MARYLAND	STATE COUNT	Y
CITY (If outside corporate limits, write RURAL and OR OR (in this place)	CITY (If outside corporate limits, write RURAL and gi OR TOWN	ve nearest town)
HOSPITAL OR	STREET - (If pural, give location)	/
INSTITUTION OR STREET ADDRESS /325 Langs	ADDRESS /DQ5 Langed	1
3. NAME OF DECEASED (First) (Middle) (Type or Dring)	(Lage) 4. DATE (Menyh) OF DEATH	(Day), (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARGED, WIDOWED, DWORCED, (Specify)	7000 J-17/1 03.) yrs. 1	l year If under 24 hrs. Days Hours Min.
10a. USUAL DCCUPATION (Give kind of work done during plots of working life, even if retired)  10b. KIND OF BUSINESS OR (INDUSTRY)  10c. USUAL DCCUPATION (Give kind of work done during plots of working life.)	Potterrille Venna.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Knuster	14. MOTHER'S MAIDEN NAME,	
15. Was Deckased Evek In U.S. Armed Forces? 16. Social Security No. (Yes. no, or unknown) (If year, give war or dates of service)	Mo. Selon Schus	tere
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Fulm on on	J oedema	2 days
11 // Antecedent cause(s)	0 . 1 . 1 . 1 .	1001
1440X Diseases or conditions, if any, (h) Chronic Sto	merular puplints	6-8 Month
13 a giving rise to the above cause stating the underlying cause last (c). By per ten	sim	6-8 math
related to the disease of condition causing death.	ist degeneration	6 month
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	, 10	
alive on 195, and that death occurred at	ADDRESS from the causes and on the date s	tated above.
monis a. Jacobs M. E	1010 Old North A Ref	6/1/5/
REMOVAL (Specify) May 9431 Oak X	RY OR CREMATORY LOCATION (Gite, town, or coun	2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	HULL HEUTEL Sons O	ADDRESS 2014
3/4/1	Jim Jan	-0191
	6833	2601

S. Al5

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 3/

04658

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED BACQUINTY BACQUINTY	
CITY (If outside corporate limits, write RURAL and OR give nearest appeal all stown (in this place)	CITY (If outside corporate limits, write RURAL and give ne OR Randallstown	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McDonogh Road	STREET ADDRESS McDonogh Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Minnie C.	Sellman OF May 7, 19	19
Female   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIECT	1 Jen. 2, 1001   0% yrs yrs.	ar If under 24 hrs. Hours   Min.
done during most of werking life, even if retired)  10b. Kind of Business or Industry At Home	Baltimore County, Md.	ITIZEN OF WHAT
Henry S. Baker	14. MOTHER'S MAIDEN NAME Unknown	
15. Was Decrased Ever In U.S. Armed Forces? (Yen, no, or unknown) (If yes, give war or dates of NO NO	Mr. Rugene L. Sellman, Rendellstown	
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TERVAL BETWEEN NSBT AND DEATH
Antecedent cause (s) Diseases or conditions, If any, giving rise to the above cause	fine !	1949
stating the underlying cause last	V	
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1944, to 5/ /, 19.5, that I last saw	the deceased
alive on	ADDRESS	d above.
Wor. E. Marting M. W.	Harrisonville, Md.	78/57
REMOVAL (Specify) May 9, 1951 Mt. Olive	Rendellstown, Md.	(State)
DATE RECO'D BY LOCAL REGISTRAR'S SIGNATURE	Tholas Lamorean 4510 I	Liberty
	Hats	a ve.

2411 N. Charles Street, Baltimore

04659

### CERTIFICATE OF DEATH

820105

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Battimere
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give nearest town)
OR givo nearest town) Tetas  (in this place) 17 uv 5 no 274e	TOWN Jestas
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Baltimore Junty Jone	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Frank	herman DEATH may 17 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If onder 1 year   Hunder 24 hrs
male white (Specify) livele	July 4, 1867 83 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	A. BINTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Farm Laborer 7 ann	maryland COUNTRY? 4.5. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Sperman	amandia Walker
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Baltimore County Home Register Fefared
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Attennolustic	carlis vascular declar years.
443 Antecedent cause(s) Diseases or conditions, if any, (b) Augustuseen	
giving rise to the above cause	**************************************
93d stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death atasacts	quino Lesuis bileti.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	/   20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
Λ.	
22. I hereby certify that I attended the deceased from	, 19.5%, to May 17, 195, that I last saw the deceased
20 - 15 105/ and that death and at 1	530
alive on	ADDRESS DATE SIGNED
SIGNATURE ( ) A A A A A A A A A A A A A A A A A A	1 Cal : 11 MI -1
I clarate /5 - truill , m.e	ocalyvelle, 12. 0/17/51
23. BURIAL, CREMATION   DATE THEREOF ANAME OF CEMERAL	CONTROL OF COUNTY (State)
MEMOVAL (Specify) My 18/5/ Parthers 12	and of makel 1 Jaylor Hack a Hos
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS A
REG. May 151 ANno 6 Color	Tal day Broken the las med
	TO A A A A A A A A A A A A A A A A A A A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



### correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04560

Reg. Dist. No ....

I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Varyland COUNTY COUNTY Baltimore MARYLAND Daltimore CITY (If outside corporate limits, write RURAL and | LENGTII OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) TOWN Catonsville Catonsville (If rural, give location) HOSPITAL OR STREET INSTITUTION OR STREET ADDRESS 2536 Old Frederick Road ADDRESS 2536 Old Frederick Road 4. DATE (Month) (Middle) (Last) (Day) (Year) 3. NAME OF DECEASED 5-20-51 Catherine Short DEATH (Type or Print) 19 7. SINGLE, MARRIED. 9. AGE last hirthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. S. DATE OF BIRTH 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married 5-17-1911 White 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired) INDUSTRY COUNTRY? Detrick . Va. At Home
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura L.Shifflet Albert C.Lichliter 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Russell H.Short, Catonsville, Md. service) No INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause redio Vascula Misione Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NONE NONE Yes [] No M PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work | At work INJURY 22. I hereby certify that I attended the deceased from 5/19, 19.51, to 5/20, 19.51, that I last saw the deceased ..... 192. (, and that death occurred at .... 12. 43. R. m., from the causes and on the date stated above. alive on..... DATE SIGNED (Degree or title) SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) REMOVAL (Specify) Elkridge, Md. Meadouridge Memorial 24. FUNERAL DIRECTOR Burial REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL F.C. Higinbothom, Ellicott City, Md.

VS. A15

PLAINLY, s especially i

WRITE

PLEASE



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04661

I. PLACE OF DEATH.	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.		
CITY (If outside corporate limits, write RURA		CITY (If outside corporate limits, write RURAL and give nearest town)		
OR give nearest town) TOWN TOWN	(in this place)	OR TOWN RURAL Garage Mills, Md.		
HOSPITAL OR	9 10 17	STREET	(Il rural, give	location)
INSTITUTION OR STREET ADDRESS	hill 1/4.	ADDRESS Lisa	no Mel	el ordi.
3. NAME OF (First)	(Middle)	(Last)		Month) (Day) (Year)
(Type or Print) FREDERICA	LEW18	SIEBER	OF DEATH	5 / 13 195
6. SEX 6. COLOR OR RACE MALE MATE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) IN FORES	8. DATE OF BIRTH	9. AGE last birthda	y If under I year If under 24 hrs. Months   Days   Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME.	(1/2)	14. MOTHER'S MAIDEN	NAME 1	Kid fl
your Paul Seeber		lesiphine 16	cutserbohn	A CONTRACTOR OF THE PARTY OF TH
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes. no, or unknown)   (II yes, give war or dates o		17. INFORMANT AND	ADDRESS	Pealer - M. mai Mills
A/2  service)	118-66-6168	1000 M. 7	ous faul	The Company of the Party
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
	Coronary Th	replosis.		2 1/
Immediate cause (a)	to wrang 1,00	COPOLET -	•••••••••••••••••••••••••••••••••••••••	Share Share
Toll Antecedent cause(s)				
Diseases or conditions, if any, (b)		***************************************	0 hacerr 0 a a a a a a a a a a a a a a a a a a	***************************************
940 giving rise to the above cause stating the underlying cause last				
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION   19b. MAJOR F				20. AUTOPSY?
21. ACCIDENT (Specify)   PLAC	CE (Home, farm, factory, street,	(CITY OR 7	OWN)	(COUNTY) (STATE)
SUICIDE OF INJU	office bldg., etc.)	(OIII OX		(GOORIT) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CURT	
INJURY m.	Work At work			
22. I hereby certify that I attended the	decord from Ass	19 40 to Mary	13 195/ the	at I last saw the deceased
22. I hereby certify that I attended the	deceased from	, 15.4.4., 10.24.6.00	1000 0110	it I last saw the deceased
alive on May 19.5 , an SIGNATURE	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	he date stated above.  DATE SIGNED
Edvir & Pierson	8,MD. 8	2027 LIBERTY	Rd	5/13/51
28 BURIAL, CREMATION DATE THEREO	51 Onklau	RY OR CREMATORY	CATION (City, to	wn, or county) (State)
DATE REC'D BY LOCAL RAGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
5/15/51 A. W	precise	much H.	newell	, prevelle
	ノンア		-7	72931 2001.

of information carefully. death clearly and legibly.

ly every item the causes of

WITH (important

PLAINLY, s especially i

WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04662

Reg. Dist. No. ... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. UIRGINIA COUNTY COUNTY STATE WEST UR6 (N/A COUNT)
CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and MARYLAND LENGTH OF STAY give nearest town TOWN UNDACK TOWN HOSPITAL OR INSTITUTION OR STREET (If ru al give location) ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED CHARLES MMON. 1957 (Type or Print) MOTT DEATH MA 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARCIALD 10b. KIND OF BUSINESS OR 8. DATE OF BIRTH 5. SEX 9. AGE last birthday If under 1 year | If under 24 hrs. Months ! Days Hours | Min. MALE 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTR ROADS COUNTRY? WAR RICK SIMMONS GEORGE ANNA
17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes no or unknown) | (If yes, give war or dates of CEDAL LA CHURCH service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING/10 DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) TIME (Month) (Day) (Year) (Howr) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗋. Inspection 🗒 Inquiry 🖸 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖹, accident 🗌, suicide 🔲, homicide 🔲, undetermined 🗍. DATE SIGNED SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY UAHLIN DATE REC'D BY LOCAL ADDRESS ULLRICH PUNERAL DUNDALK

BUREAU V. S.

1 - 1

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04663

COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits write RIRAL and I LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Fort Howard  (in this place) 364 days	OR TOWN Baltimore
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Vets.Adm. Hosp. Ft. Howard, Md.	1102 Inomsen St.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLES B.	SMITH DEATH May 23 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SEPARAGE	8. DATE OF BIRTH 9. AGE fast hirthday If under 1 year   H under 24 hrs.   doi: 10.   10.
10a. USUAL OCCUPATION (Give kind of work   10h. KIND OF BUSINESS O	R   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY Student	Charlotteville, Va. GSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Smith	Rosie Baker
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (II yes, give war or dates of 213-16-3803	Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.
18. MEDICAL	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Pul. The far adve	nced active bil. unknown
Immediate cause (a)	/
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************
10 L stating the underlying cause last	
(c)	
(c) II. OTHER SIGNIFICANT CONDITIONS	t disease 8 wrs.
(c) II. OTHER SIGNIFICANT CONDITIONS	t disease 8 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear	20. AUTOPSY?
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street)	20. AUTOPSY1 Yes \( \text{No } \text{Z}
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	t. (CITY OR TOWN) (COUNTY) (STATE)
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the confidence	20. AUTOPSY1 Yes \( \text{No } \text{Z}
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the condition	t. (CITY OR TOWN) (COUNTY) (STATE)
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the office of t	## Property   20. AUTOPSY!    Yes
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, streed of the disease of the disea	HOW DID INJURY OCCUR?  19.50, to 5-23, 19.51, that Plast saw the deceased
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bidg., etc.) SUICIDE (OF Office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XX attended the deceased from 5-23	## Property   20. AUTOPSY!    Yes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	## Property   19 50   10 5-23   19 51   That Plast saw the deceased   19 50   10 5-25   10 51
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	## 1950, to 5-23, 19.51, that Plast saw the deceased say the deceased
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 192. DATE OF OPERATION 192. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bidg., etc.) SUICIDE (INJURY)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While at Not While INJURY (Day) (Year) (Hour) Work At work (INJURY)  22. I hereby certify that Mattended the deceased from 5-23  ALIVA ARXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	## 1950, to 5-23, 1951, that Plast saw the deceased says on the date stated above.  ### ADDRESS DATE SIGNED    AL SERVICE VAH FT. HOWARD, MD. 5-25-51   TERY OR CREMATORY   LOCATION (City, town, or county) (State)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, streeth of the office of office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	## Property   19
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bidg., etc.) INJURY OF (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XX attended the deceased from 5-23  ALIVADA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	### 1950, to 5-23, 19.51, that Plast saw the deceased say.  ### 1950, to 5-23, 19.51, that Plast saw the deceased say.  ### 1950, to 5-23, 19.51, that Plast saw the deceased say.  ### 1950, to 5-25, 19.51, that Plast saw the deceased say.  ### 1950, the say.  ### 1950, the say.  ### 1950, the say.  ##
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic hear 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, streeth of the office of office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	### 1950, to 5-23, 19.51, that Plast saw the deceased say the deceased says of the deceas

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

076111

								-
I. PLACE OF DEATH	H·		2. USUAL RESIDENCE (		COUNTY	V		
County Balti	more	MARYLAND	Marvi	and				
OR give nearest TOWN FOR L	rporate limits, write RUR town) IOWard	LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Baltimo		L and giv	e neare	st town)	
HOSPITAL OR			STREET	(If enval give le	eation)		/	7
STREET ADDRES	S Vets . Adm . Hosp	Ft. Howard, Md.	ADDRESS W. L	exington St.			V	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Me	onth)	(Day)	(Year)	ī
(Type or Print)	DAVID	-	SMITH	DEATH May	24		19 5	1
Lale	6. Color or RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARTIEU	8. DATE OF BIRTH 4-17-27	9. AGE last birthday 24 yrs.	If under Months		If under 24 h Hours   Min	
10a. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	Baltimore, M		12	COUNT	EN OF WHA	T
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN					-
William Smi			Luvinia Chi	lds				
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY No.	17. INFORMANT					
Yes Tes	(If yes, give war or dates eservice)	217-22-1170	Clin. Rec. Vets. A	dm. Hosp. Ft. H	oward	, Md.		
4		18. MEDICAL CE	RTIFICATION (S.			1.		Ŧ
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			0	ONSE	VAL BETWEE T AND DEAT	N
		erebral Hemorrhag				21	hours	
Immediate	e cause (a)	or obial Hembilinas				~ ~ <del></del>	nours	
	t cause(s)	cute Purpura Hemo	rrharica			7177	known	
Diseases or o	conditions, if any, (b)			**************************************			VTIO MII	
72 a stating the u	nderlying cause last							
11. OTHER SIGNIFI	(e)					1		,,,,
Conditions contribu	ting to the death but not se or condition causing deat							
	RATION   19b. MAJOR I	FINDINGS OF OPERATION				20. A	UTOPSY?	N
		•				Yes		1
21. EXTERNAL CAUPRIMARY or CO	NTRIBUTING   OF	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (C	COUNTY)	(	STATE)	F
TIME (Month)	00140	INJURY OCCURRED While at Not while	HOW DID INJURY OC					
INJURY Lay	24 1951 A m.	work at work	Following ope	ration (for	pleed		spleen	}
22 I certify that I	took charge of the rema	ins described above, held an A	Autoneu T Inspection T	Inquiry [ there	on and	from t		
obtained by said	d Autopsy Inspection of	Inquiry, find that said dece	ased died on the day state					
from: natural	causes [], accident [	], suicide [], homicide [],	undetermined [].			DAG	BE GEOVER	
SIGNATURE	- 0	(Degree or title)	ADDRESS	O race	-	DA.	re signed	
" moa	Gorane di	TIN BALA	. O. De	1.11.22	mi	5	124/10	,
23. BURIAL, CREMA	ATION DATE THERE			LOCATION (City, town	n, or count	ty)	(State)	
Burial (Special		57 Balto Nation	al Cometery 5	501 Frederic	c Ave.	Balt	to . Md.	
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR		ADI	DRESS	
5/2/	51 46	Hedren	Elliott Funeral	Home 1129 N	· Carc	line	3 50.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

# MARGIN RESERVED FOR BINDING

-	9
every	01100 00
Supply	The thinks
INK.	mooon
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every	Dhereiniana
WITH	moranam
PLAINLY,	a concorollar a
WRITE	0,0
PLEASE	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04665

CERTIFICAT	TE OF DEATH Reg. Dist. No.	38
1. PLACE OF DEATH. COUNTY Bettinge MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y (2. ) (1)
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  LENGTH OF STAY (in this piace)	CITY (If outside corporate limits, write RURAL and give OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	Road
3. NAME OF DECEASED (Middle) (Type or Print) (Use alvetle S. Smith	(Last) 4. DATE (Month) OF DEATH May	(Day) (Year) 30 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday 11 Inder Months. yrs.	1 year   If under 24 hrs   Days   Hours   Min.
Ioa. USUAL OCCUPATION (Give kind of work done during model working life, even if retired)  INDUSTRY	Baltimore	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George a. Smith	14. MOTHER'S MAIDEN NAME Callierine moylan	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If year, give war or dates of service)	17. INFORMANT	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Oning  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	RTIFICATION  Occlusion  Cleuses	INTERVAL BETWEEN ONSET AND DEATH PROMISE AND DEATH PROMISE AND DEATH PROMISE AS A WELLES
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
SIGNATURE  Color M. Decis M. D	1951, to May 30, 1951, that I last s  ADDRESS APPROPRIATE LOCATION (City, town, or count  ADDRESS LOCATION (City, town, or count  Balley or	ated above. DATE SIGNED  3 / Way 5/ ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/3/57 A W RECEST	24. FUNERAL DIRECTOR	R. ADDRESS

/	181	1
		E
	Z	

# CERTIFICATE OF DEATH

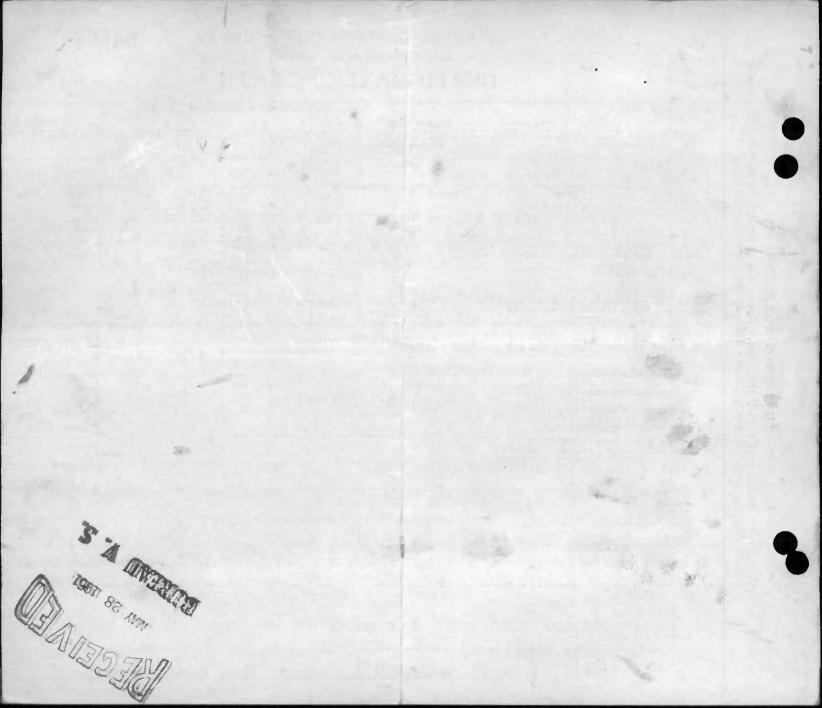
FOR MEDICAL	L EXAMINERS	Reg. Dist. No.
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF D	DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town Sawri Sow LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write OR TOWN Lake Forest	te RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrison Forest School		al. give location)
3. NAME OF DECEASED (Crypto or Print) Wendy Buren Smith	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)  Wey 21 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last 1 Oct 28/936 14	oirthday If under I year If under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired)  Trucker  Trucker  10a. USUAL OCCUPATION Clive kind of work done during most of working life, even if retired)  Trucker  Trucker	Chicago III.	12. CITIZEN OF WHAT
Soloman 13. Smith	Baybaya Net	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	School Record	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 1 1 .	ONSET AND DEATH
Immediate cause (a) ASPhy Xiation	due to Aspira	rion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ch Contents	
1950 (e)		The same of the sa
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY May 2-1 1951 102m. While at work work of the work of the control	How DID INJURY OCCUR?	Balta. M.L.
	The state of the s	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes □, accident □, suicide □, homicide □,	used died on the day stated above, and undetermined [].	t death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS A. M. J. C.	DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF     NAME OF GEMETE	HSSA I Weden / XAMINE	
GREMOVAL (Specify) May 23 1951 Green Mo	ount Ball	Otty, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SKNATURE REG. 5 3 3 5 1 Completion	Hanry W. Lenking V.	mo 60 4905 York Rd

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04667

COUNTY Baltimore MARYLAND	STATE Mary land COUNT	* Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) Corporate limits, write RURAL and (in this place) TOWN	CITY (If outside corporate limits, write RURAL and gi OR TOWN Cockey 30 1/16	
HOSPITAL OR INSTITUTION OR STREET ADDRESS WAFFEN ROAD	STREET (Mrural, give location) ADDRESS Warren Road.	all lines
3. NAME OF (First) (Middle) (DECEASED (Type or Print) Granville Jenning S	SHOW der   4. DATE (Month) OF DEATH MAY	(Day) (Year) 3 4 195/
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	Cowling Yorkshire England	2. CITIZEN OF WHAT COUNTRY? 4.5.A.
Joseph Snewden	14. MOTHERS MAIDEN NAME	
15. Was Decrased Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service) 7011 A	17. INFORMANT AND ADDRESS Edith 9.	Snowelm)
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	Throm bosis	18 hours
1-20.   Antecedent cause(s)  Diseases or conditions, if any, (b)	clerosis	7 years
940 giving rise to the above cause stating the underlying cause last (c)		
<ol> <li>OTHER SIGNIFICANT CONDITIONS         Conditions contributing to the death but not related to the disease or condition causing death.     </li> </ol>		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INDMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 22 //a	V., 1957, to 24 May, 1957, that I last s	saw the deceased
alive on 24 //3/., 192/., and that death occurred at // SIGNATURE (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
halta T. Kus M.D.	Cockeysville, Md. 24	+ May 1951
REMOVAL (Specify) 5-28-51 Parker		md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. May 25/51 Wm/ lomicoas	24. FUNERAL DIRECTOR Souls Sparle	ADDRESS
16'	390	1.69



# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

The correct age

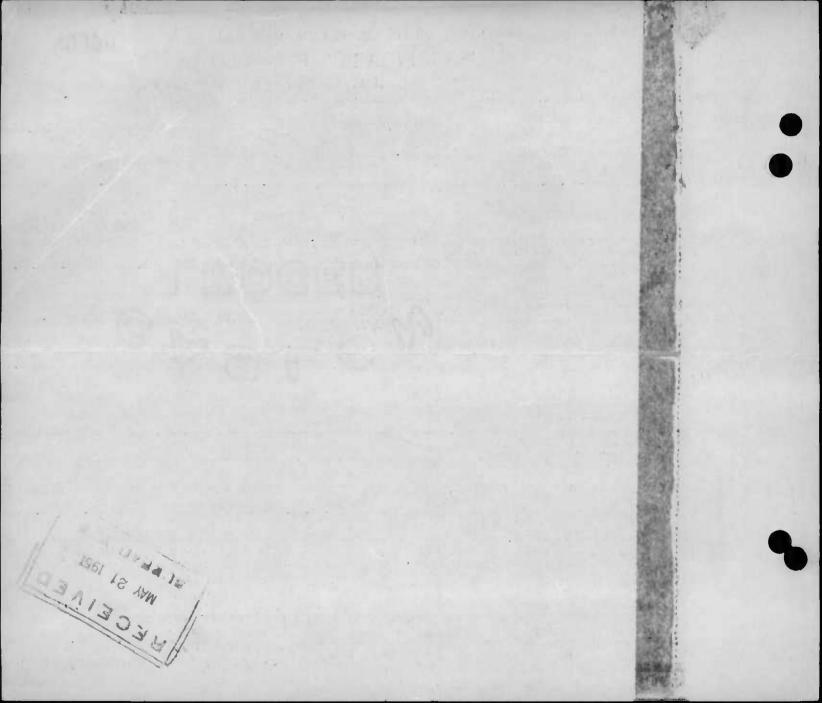
MARGIN RESERVED FOR BINDING

PLEASE

04668

Reg. Dist. No. 33

-			
E	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Ť.,	COUNTY Baltimore MARYLAND	II STATE COUNTY	2
2:2	CITY (If outside corporate limite write DIDAI and I I ENGMY OF CMAY	CITY (If outside corporate limits, write RURAL and give	Balto
Supply every item of information carefully write the causes of death clearly and legibly.	(In this ptace)		i nearest town,
eg	HOSPITAL OR	TOWN Reisterstown STREET (If rural, give location)	
25	INSTITUTION OR	ADDRESS	
an	STREET ADDRESS R. F. D. #1, Falls Road	" R.F.D. #1-Falls Rd.	
ati	DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
eal	(Type or Print) William David S	pencer   DEATH May	15 1951
ु च	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpecifyWidowed)	8. DATE OF BIRTH 9. AGE last birthday   If under I	year  If under 24 hrs
音音	Male White SpecifyWidowed	Apr. 4 1884 67 yrs.   Months	Days Hours Min.
of	ton. USUAL OCCUPATION (Give kind of work tob. Kind of Business or done during most of working life, even if retired) INDUSTRY	1t. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
E	lahoner   Armi aul tuna	Warfield-Carroll Co	COUNTRY?
ite	13. FATHER'S NAME	Warfield Carroll Co.	-U U U D
Z g	David Spencer	Harris	
o S	15 WAS DECRASED EVENCIAL II S. ASSESS FORCES LAC CONTRACT NO.	17. INFORMANT AND ADDRESS	
he	(Yes. no, or unknown) (If yes, give war or dates of 202-16-0702	Raymond Stover-Westminster	ма
ply e t	18. MEDICAL CE		PIU
rit	1.00	THE PORTION	INTERVAL BETWEEN
N 3	I. DISTASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
INK. please	Bullet wound of	rt. occipital region of skul	1-5 min
Ze	919   Inimediate cause		
- I	Antecedent cause(s)		
N a	Diseases or conditions, if any, (b) giving rise to the above cause	101 5 5 7 7 2 20 20 5 1 1 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-0 04 04 04 00 000000000000000000000000
C S	stating the underlying cause last		
AI	(c)		
유	tt. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
5	related to the disease or condition causing death. None		
HE	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
E	None None		Yes No 🔀
₩ g	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
	PRIMARY X OR CONTRIBUTING OF Office bldg, etc.) CAUSE OF DEATH.  INJURY T 2 TM		
35	TIME (Month) (Day) (Year) (Adir) INJURY OCCURRED	R.F.D. Reisterstown, Balto	, 140
Zig	I While at Not while		
Pe	INJURY 5_ 15_151_7:pm.   work   at work	Shot with rifle by mistak	e
E se	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy Inspection   Inquiry X thereon and f	rom the evidence
(4) . 2/	obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
E	from: natural causes, accident, suicide homicide TT,	undetermined .	
2	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
3	D. D. Caples, Deputy med. Exam M. D.	Datatanahan Wa Ka	6 157
田	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	Reisterstown Md 5-1	6-151 (State)
AS	Buria [Spreify] 5-18-51 Meadow Brai		
PLEASE WRITE PLAINLY, WITH UNFADING Is especially important. Physicians:	DATE REC'D BY LOCAL   RECISTRAR'S SIGNATURE	nch   Carroll Co. 1	ld.
Id	REG. C. D. C.		ADDRESS
	REG. 5-16-5: Mary B. ELINE.	John E. Myers, Westminste	r, Md



BINDING

RESERVED

COPY SENT TO ROSAL REGISTRAN NO. BUREAU V. S. DATE 57 &

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH COUNTY ARYLAND  CITY (If outside corporate limits, write RURAL and OR givo nearest form)  TOWN  MARYLAND  LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF STATE  CITY (If outside corporate limits, OR TOWN	F DECEASED. COUNTY Parkeville write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3005 Edgewood Con	STREET ADDRESS 3005 E	daywood ave
3. NAME OF DECEASED (Middle) (Middle) (Type or Print) 5. SEX 6. COLOR OR RIGE 7. SINGLE, MARRIED,	(Last) 4. DAT OF DEA  STATE OF BIRTH 9. AGE IS	1170 10
male white WIDOWED, DIVORCED,	11. BIRTHPLACE (State or foreign or	Months Days Hours Min.  Ountry) 12. CITIZEN OF WHAT
10a. USDIAL OCCUPATION (Give kind of work 10b. Kind of Rusiness on denoting most of working life, even if settred) (100 USTRY Rusiness on Response of Rusiness on	Addimers MAIDEN NAME,	Md. COUNTRY?
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) service)  (Yes, no, or unknown) service)	17 INFORMANT AND ADDRESS	Markett some
18. MEDICAL CH	ERTIFICATION /	equiral ferm
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause  (a)  Antecedent cause(s)	Cash -axiles	Heath = 7
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	f Caracoprocoun	10 cm alleg gefre.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No E
21. ACCIDENT (Specify) SUICIDE HOMICIDE  SUICIDE HOMICIDE  PLACE (Home, farm, factory, street, OF office bldg., ctc.) INJURY		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
		, that I last saw the deceased
alive on	3025 Belan Ra	and on the date stated above.  DATE SIGNED  5-18-51
23. BURIAL CREMATION DATE THEREOF NAME OF COMETY BELOVAL Specify 5/2/5/ DATE REC'D BY LOCAL REGISTRANCS SIGNATURE REG.	ERY OR CREMATORY LOCATION 24. DUNERAL DIRECTOR	(State)  ADDRESS
1 12 ply AW. Heart	of Juck	510 - 111

Dr Fearing 3025 Belair

#### CERTIFICATE OF DEATH

MARYLAND	STATE		OUNTY But lo.
AL and LENGTH OF STAY  (in this place)  WOOKS	TOWN Baltin	nore	
			tion)
(Middie)	(Last)	4. DATE (Monor of DEATH 5	th) (Day) (Year) 19 1951
7 SINGLE MARRIED	8. DATE OF BIRTH 11-28-1904	9. AGE last birthday   46 yrs.	f under 1 year If under 24 hrs. Months Days Hours Min.
10b. Kind of Business or	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	17. INFORMANT		okins Rd.
Traligrant Me		hote bent her	20. AUTOPSY?
office bldg., etc.)	CITY OR	TOWN) (CO	UNTY) (STATE)
INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OF	CCUR?	
e deceased from hat v	19. 10 to kay		last saw the deceased
	AL and LENGTH OF STAY  (In this place)  OKINS Rd.  (Middle)  YOUNGER, MARRIED, WIDOWED DIVORCED, (Specify) SINGLE, MARRIED, INDUSTRY POWDER MILL  OF 16. SOCIAL SECURITY NO.  219-14-4533  18. MEDICAL CE  LEADING TO DEATH  That your form, factory, street, office bidg., etc.) JRY  INJURY OCCURRED While at Not While Work At work	MARYLAND  AL and LENGTH OF STAY (In this place)  Pkins Rd.  (Middle) (Last)  Plor (Middle) (Last)  WOONED DIVORCED, (Specify) SINGLE (State INDUSTRY POWDER MILL MOTHER'S MAIDEN SAREN OF 16. Social Security No. of 219-14-4533 Mrs. Maria  Is. MEDICAL CERTIFICATION  LEADING TO DEATH  Thatypart relates  CE (Home, farm, factory, street, office bldg., etc.)  INJURY OCCURRED (Mary Ind.)  While at Not While Work At work Individual in	AL and LENGTH OF STAY  (12) this place of Town Baltimore  Okins Rd.  (Middle) (Last) 4. DATE (Monore)  (Specify) SINGLE, MARRIED, 11-28-1904 46 yrs.  16b. Kind of Business or II. Birthplace (State or foreign country)  Maryland 14. Mother's Maiden Name Sarah Ogle  16. Social Security No. 17. Informant  18. MEDICAL CERTIFICATION  LEADING TO DEATH  Thatyrest teleposts  CE (Home, farm, factory, street, office bldg., etc.)  JRY  INJURY OCCURRED While at Not While How DID INJURY OCCUR?

VS. Al5

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04672

#### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH- COUNTY BOTTOM MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR OR INSTITUTION OR STREET ADDRESS 707 2.	STREET (If rural, give becation)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Minnice	Last)  Last)  Last)  OF  DEATH  DEATH
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. PATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Syrs. Vyrs. Days If under 24 hrs. Months. Days If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND VALUE HN Olifton Harry 1-707 J. St
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebrast	Homorhaye 8days
143 × Antecedent cause(s)	ded Hampling of Villa Comme
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	JAJAMEN JOSE STS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	5., 1951, to May 26, 1951, that I last saw the deceased
alive of 26, 19, and that death occurred at 2 (Degree or title)	ADDRESS DATE SIGNED
James J. Means M.D.	Suddet Sporon Ft. 19hd Souss
REMOVAL (Specify) 3/29/51 mt. C	Chrony Cen (L. C. bo. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/28/9 REGISTRAR'S SIGNATURE	Lamuel W. Sullivant. 1011 M. Chlington
	1 - ane

#### CERTIFICATE OF DEATH

Reg. Dist. No. 93

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Balto MARYLAND	STATE Md Balto COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Rosselling (in this place)	TOWN Batto. Co. Ruspelvers
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Buck, School. Housa Rd.	ADDRESS Buck School. House Rႎ
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) A	DEATH MAY 195.
5. SEX 6. COZOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Months   Days   Hours   Min.
M (Specify) Mary is d	1 Sep - 16-18941 36 yrs. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11./BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Gas Dlanto Denater Standradoil Co	1 13a1TO. CO 1 4.S.A.
13. FATHER/S NAME	14. MOTHER'S MAIDEN NAME
Yoshua T. Taymax	Ananda, Chansy
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, ho, or unknown) (If yes, give war or dates of 216-10-4360.	Mrs. Ja, Tarnan. Buck. School. House, Rd.
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
CORONARY /	ARTERY THROMBOSIS 45 Minutes
Immediate cause (a)	
4200 Antecedent cause(s) Diseases or conditions, If any, (b) CORONARY ARTE	RIOSCLEROTIC HEART DISEASE 10 MOS.
Diseases or conditions, if any, (b) Control of the giving rise to the above cause	#100crp#0//C 112-41c/ 2/2-43E
atating the underlying cause last	
940 (c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No IV
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	11011 212 1110111 000011
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from 7/17	7, 1950, to 5/11, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased non	- 13
alive on 1/26, 195/, and that death occurred at	7
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
A A A A A A A A A A A A A A A A A A A	6331 / Selai Ra Dalts (6) kg 5/12/51
The malain	
DUNEATIAT (Cacaller)	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 5/14/51 Moreland.	M.P. Cam. 1 Balto Md
DATE REC'DIBY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Color ADDRESS
(REG. 5/ 0/5) aw Helrich	Lassulm Firmed Home 7401 Batto Rd. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

7S. A15

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (R STATE Maryla	COTT	NTY -
Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY		CITY (If outside corporate limits, write RURAL and give nearest town)			
OR givo nearest	fort Howard	17 days		s Island	d give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R Vet.Adm.Hosp	,Ft.Howard,Md.	STREET ADDRESS	(If rural, give location	n)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
(Type or Print)	MELVIN	LEE	TRAVERS	OF DEATH May	
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-27-25		nder 1 year If under 24 hreaths Days Hours Min.
10a. USUAL OCCUP. done during most of war Laborer C&	ATION (Give kind of work porking life, even if retired) P Farm Hand	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, Ma	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
John Trave	re		Marie C. Star	lev	
IE WAS DECRACED F	TOP IN IIS APPEN FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yearno, or unknown)	(If yes, give war or dates of leervice)	Unknown		.Adm.Hosp.,Ft.	Howard, Md.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Towns diet	(a) TI	BERCULOSIS, CHRON	TC. PHILMONARY.	RAR ADVANCED	UNKNOWN
Immediat		TIVE	ino, i olimoreliti ,	Tart Branch	
	nt cause(s)	. A. A. V			
Diseases or giving rise to	conditions, if any, (b)		***************************************		- 0 0 0 mb x x x
	inderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing death	a.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes D No K
21. ACCIDENT	(Specify)   PLAC	CE (Home, farm, factory, street,	(CITY OR 7	TOWN) (COUN	
SUICIDE HOMICIDE	OF INJU			G. I. W.	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
			2 50 35 0		
		deceased from Nov.18			
SIGNATUR))	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at	ADDRESS from the	causes and on the dat	e stated above. DATE SIGNED
EUGENE KIPTZ	M.D.		VAH, Fort Howa	rd, Md.	5-8-51
23. BURIAL, CREM REMOVAL (Spe	ATION DATE THEREC	NAME OF CEMETE	RY OR CREMATORY	OCATION (City, town, or	county) (State)
DATE REC'D BY	111000 111	SIGNATURE	24. FUNERAL DIRECTO	OR July	ADDRESS
REG.			charles R. Law		re.Balto., Md.
	1	8	7	8	20/05

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04675

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Baltimore Maryland	Maryland
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWS ON  TOWN  LENGTH OF STAY (in this plece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR Armacost Nursing Home STREET ADDRESS 812 Regester Avenue	STREET (If rural, give location) ADDRESS 2808 N. Calvert Street
3. NAME OF (First) (Middle) DECEASED (Type or Print) Samuel Alexander	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 14 19 5
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hrs   8/17/70   80 yrs.   Months   Deys   Hours   Min.
done during most of working life, even if retired) INDUSTRY Transportation U. S. Army Pentagon Bldg.	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Samuel A. Tubman Wash.D.C.	Ann Hammond
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or deten of leervice)	Mrs. Imogen B. Tubman 2808 N. Calvert St.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)	Pet tun  2 '2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition cousing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While et Not While INJURY work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on May 13, 19.57., and that death occurred at. (Degree or title)	ADDRESS m., from the causes and on the date stated above.  ADDRESS DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Spechy) 5/17/51 Druid Ride	Pikesville. Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

The correct age

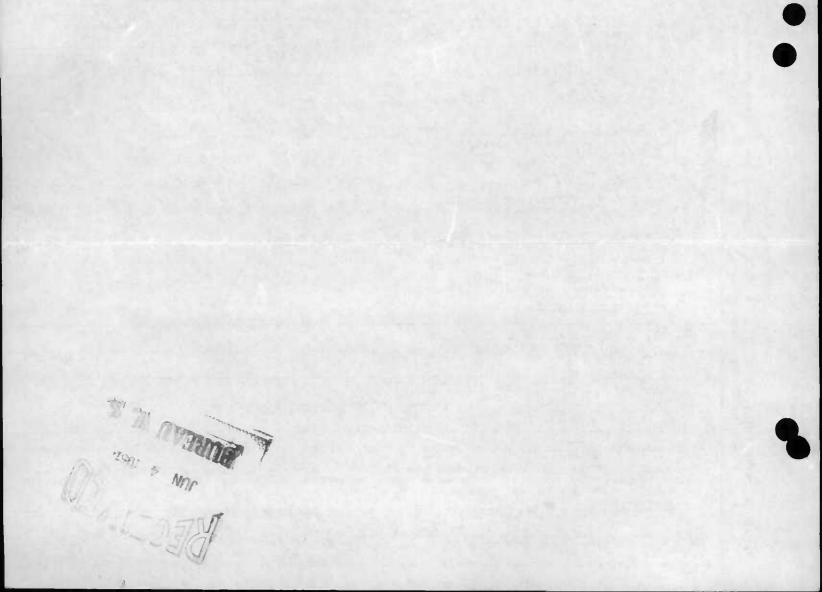
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

04676

	AUGI DIBIL TVI
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	11 M. Ballimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN STRANGE 52 years	TOWN Coranice
HOSPITAL OR INSTITUTION OR //	ADDRESS (If rural give location)
STREET ADDRESS//ld Court wad	Ald Court Hoad.
3. NAME OF (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John Minwald	Viall DEATH May 29 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday If under I year   If under 24 hr   Months   Days   Hours   Min
(Specify) Macale (Speci	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during post of working life, even if retired) Language	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Vrail	Ollen 6. Start
Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Moservice) No More	Mes Comma Co, Sail - Moult m
· 18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	INTERVAL BETWEEN ONSET AND DEATE
lieute ditata	tion of Dear ! 1/2 hr
Immediate cause	1.1.
421.4 Antecedent cause(s)	elast bland - Animal
Diseases or conditions, if any, (b) 100 100 100 100 100 100 100 100 100 10	Jam Nicord
92 d stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF INJURY  m.   While at   Not While   Work   At work	
	15 5/20/ 7
22. I hereby certify that I attended the deceased from	, 1948, to 29, 1927; that I last saw the deceased
alive on 5/27/, 1907, and that death occurred at /	1. 30 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
The Cottletin MIN War	dellate Thed Tools
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) / (State)
DEMOYAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE RECAD BY LOCAL   REGISTRAR'S SIGNATURE	24. KONERAL DIRECTOR ADDRESS
REG.	24. JUNERAL DIRECTOR ADDRESS
JISO DI VIMIT I I IMEU	Willes Malget - Wylloulle, Mid.



A 8

Item

on: j2

MAY 15 1951

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH- COUNTY RAIT MADE	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town AL -WOOD LAWN (in this place)	TOWN TOWN RARNEST Retw. Way.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS RIDGE Rd.	ADDRESS 2100 BOONE STBALTO. CITY
3. NAME OF (First) (Middle)	(Last) (Last) (Last) (Last) (Day) (Year)
DECEASED (Type or Print) FRANCIS PATRICK	JIEC DEATH BEN 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs   Months   Days   Hours   Min.
(She in) OVACGUE CO	DIPONIDI ACE CAMPACIONI DE STATE DE STA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even lifetired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?//
done during most of working life, vengli retired) INDUSTRY  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DIA LADA LICUED	Manad Rangel
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMAL AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 2/3-03-7850	TAME 1. USABR. Ridge Pd, Wordery Md.
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Corcerons of	Educa. UNSDOC
Immediate cause (a)	7/23/35
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
5 do giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	:
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	1
22. I hereby certify that I attended the deceased from JAN.	1950 to 5// 195/ that I last saw the deceased
22. I hereby termy that I attended the deceased non	// A
	ADDRESS DATE SIGNED
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
Edura L. (Piersono) M.D. 80	27 F/RERTY Rds., Ratter. 7, Md. 3/1/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Durial Mily 31 Mile M	hedrax Dallo Mo'al
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
16200	[ Elbuorth Cumpcos)

2411 N. Charles Street, Baltimore

04678

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED Baltim	OYEY
CITY (If outside corporate limits, write RURAL and OR give nearest town). TOWN C2 LONSVILLE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville		
HOSPITAL OR	ant View Ave.	STREET (If rural, give location) ADDRESS 2208 Pleasant View Ave.		
3. NAME OF (First) DECEASED (Type or Print) DESSIG	(Middle) Casswell Walsh	(Last)	4. DATE (Month) OF DEATH 5-29	-51 (Day) (Year)
F 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Harried	8. DATE OF BIRTH 7-13-1905	45 yrs. Mo	nder 1 year If under 24 hrs. aths Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At home	10b. KIND OF BUSINESS OR INDUSTRY HOUSE	Oella, Md.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William E. Robinson		Sophia Engle		
15. WAS DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown)   (If yes, give war or dates o		Richard A. Wals	ADDRESS sh, Catonsville,	Md.
/6KA Antecedent cause(s)	revisen Bron	Leogenii Cor	amona of leng	ONSET AND DEATE
related to the disease or condition causing death	INDINGS OF OPERATION		5 . A 0 1	20. AUTOPSY?
21. AOCIDENT (Specify) PLAC OF	DE (Home, farm, factory, street, office bldg., etc.)	(CITY OR )		Yes No NO NOTY) (STATE)
HOMICIDE INJU TIME (Month) (Day) (Year) (Hour) OF INJURY m.	RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7	Ł
22. I hereby certify that I attended the	deceased from June !	, 1950, to 5-2	9 3, 19 5/, that I la	ast saw the deceased
alive on 5-29, 1951, and SIGNATURE	d that death occurred at	ADDRESS	causes and on the dat	DATE SIGNED
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify)	NAME OF CEMETE		COCATION (City, town, or Ellicott City,)	(10000)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS



•••

age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04679

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
COUNTY Balto Co. MARYLAND	Nd Baito	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town)  TOWN  (in this place)  4, Vr S.	TOWN Victory Villa	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 65. He Ndey SON. Rd.	65. Henderson. Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Barbara A	Watkins, DEATH Hay 4	195/ 19
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last hirthday   Alunder I	year If under 24 hrs
WIDOWED, DIVORCED, (Specify) Widovy	Dec. 4 - 1865 85 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY  AT. HOME	I DILINOIS.	U S A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LAKNOWN M		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Willard HOIT.65. Handerson R	L. Balto 20.
18. MEDICAL CE		
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0/		
Immediate cause (a)	mia.	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  Chronic	Pyeletis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
name		Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Musul.	28, 1951, to May 4, 195, that I last sa	w the deceased
		And alama
alive on 19.4., 19.4., and that death occurred at	//	DATE SIGNED
SIGNATURE / (Degree or title)		2.6/5/-1
( Trong VICR M.1). 90	Fuelage an Baltimore 2	all "13/5/
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) 5/6/5/ Lovinier	Cen. Cape Tirardeak.	Ma
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
may 5 th 1951 R.W.	Thansula Feneral Home 7401 Belin Ro	1.

Showk. Fuselager Compass, Pd. 901

04680

2411 N. Charles Street, Baitimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	B. o. les
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 3 7 (H rural give leation)	2 20.
3. NAME OF DECRASED (Middle) (Middle) (Type or Print)	(Last)  4. DATE (Month) OF DEATH MAY	(Day) (Year) 30 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 Xeles 0 1019 2 yrs. 1	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired)  [ done during most of working life, even if retired)   10b, Kind of Business or Industry   10b, Kind of Business or Indust		COUNTRY OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mo Render Leu	gottes
18. MEDICAL CE	RTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	81	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ary ceema	3 day
H22/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	al as thema	3910
938 stating the underlying cause last	who C-V Desease	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	5, 19 48, to 2005, 19.5 / that I last s	aw the deceased
alive on May 30, 151, and that death occurred at	6 25 P. m., from the causes and on the date sta	ated above.
Morris W. Steenberg m.O.	410 M. Hilton St Jr	ne1,195.
23. BURIAL, CREMATION BATE THEREOF NAME OF CEMETE REMOVAL (Specify)	Maluna Cem. Frederick	Ka. m.
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG. () S A W KESSELLER	Soludo a Jerry 57,46	Danielle (
JT V	76	1111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. Al5

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

	Reg. Dist. No	J
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	1) 1
COUNTY Selemne MARYLAND	STATE COUNTY	Della
	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
OR give nearest town)  OR give nearest town)  Duribute (in this place)	TOWN Sparrows Pring	4
HOSPITAL OR	STREET (If rural give jocation)	
INSTITUTION OR STREET ADDRESS 823	ADDRESS 923 (	
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month)	(D-)
DECEASED O	r la OF	(Day) (Year)
6. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH 19. AGE last birthday I I under	8 195
male Character (Specify) market	1 Same 20,1870 & 1 yrs. Months	Days Hours Min.
done during most of working life, even if retired)  LIDUSTRY	BIRTHPLACE (State or foreign country) 12	COUNTRY?
Beldred Contreex Dettelless Stul	a Hareford Mich	COURTETT
1. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Tucholae Muya	aughtine.	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17 INFORMANT AND ADDRESS	11 01
service)	- Tola Clivia Why 823	3 & st
18. MEDICAL CEI	RTIFICATION	V .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
del to	1: 1-1/2 1 11.	OHOMI AND DEATH
Immediate cause (a)	: Cardio Moonlas Messe	4 years
1143 Y Antecedent cause(s)	1/ /	
Diseases or conditions, if any, (b)	Henry an	6 mos.
giving rise to the above cause stating the underlying cause last	- KI / - KB :	
(c)	Hart tailors	5 des
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition ceuaing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000111)	(SIAIL)
TIME (Month) (Dey) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	- 2
OF While at Not While	1011 212 1110111 0000111	
INJURY m,   Work  At work		
22. I hereby certify that I attended the deceased from	, 1950, to 200, 7, 19.5/, that I last as	w the deceased
m = -1 / 1 / 1	and of	
alive on 19.1, and that death occurred at 19.1		ated above.
SIGNATURE (Pegree or male)	ADDRESS OF OLD - 1	DATE SIGNED
Street / Tecano May 5	2028 .0677,19/19	3/9/57
BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count,	y) (State)
Burnel May 16/31 St. Luke	Cometen Handord	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/10/57 Awiteduck	Mr. Ostury. Ellevel VD	aughly
· Dm	9112211/29 n Canal	nilst-
9	1.0000	7 7

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04683

### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH.		2. USUAL RESIDENCE (	HOME) OF DECEA	SED.	
COUNTY Baltimore	MARYLAND	STATE Md.		BEALT	more
CITY (If outside corporate limits, write RUR OR give nearest wown) dlawn		CITY (If outside corpor OR TOWN WOOD	lawn	RAL and give	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5517 Winds	sor Mill Rd.	STREET ADDRESS 2120	(If rural, give Sunbriar	Ave.,	
3. NAME OF (First)	(Middle)	(Last)		Month)	(Day) (Year)
(Type or Print) Ellen		lliamson			7, 1951
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH	9. AGE last birthda	Months.	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1 10b. KIND OF BUSINESS OR	Md.			CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Patrick Martin		Mary			
15. WAS DECRASED EVER IN U.S. ARMED FORCE	87 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no or unknown) (If year, give war or dates	none	Wm.Williamso	n 2120 Su	nbriar	Ave.,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) A Leading To Death					INTERVAL BETWEEN ONSET AND DEATH
12 7a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS	Inferior.	Soll 130	-dolu		1 week
Conditions contributing to the death but not related to the disease or condition causing des	th.				
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
					Yes   No
SUICIDE OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?		
22. I hereby certify that I attended th	ne deceased from	19, 19.70, to Luca	7, 19.5.7, tha	at I last sa	w the deceased
signature 19.4.7 a	nd that death occurred at	ADDRESS from the	causes and on the	he date sta	ted above. DATE SIGNED
a.C.S.	auf 45-6	9 February 1	tga-au	~ 13~	ets mel
23. BURIAL, CREMATION DATE REMOVAL (Specify) BURIAL 5-10-19			LOCATION (City, to Woodlawn	wn, or county	(State)
DATE REC'D BY/LOCAL REGISTRAR'S	SIGNATURE	G. Howard Str	OR	W.Nort	h Ave.,
	1000			-	

VS. A15

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04684

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH.			2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY	Ltimore	MARYLAND	STATE Maryland COUNTY			
OR give nearest town)  LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR				
TOWN	Towson	7 yrs 4mos	Town Baltin			
HOSPITAL OR INSTITUTION OF	R m	13 days	STREET ADDRESS	(If rural, give loc		
		and Enoch Pratt H		Lexington St.		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mor		
(Type or Print)	Stella 6. COLOR OR RACE	E. 7. SINGLE, MARRIED,	Wyman S. DATE OF BIRTH	DEATH May	12 1951 If under 1 year   If under 24 hrs.	
Female	White	WIDOWED, DIVORCED, (Specify) Widowed	June 19.1882	68 yrs.	Months Days Hours Mio.	
dooe during most of w	ATION (Give kind of work yorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME		
Gerson :	Eiseman		Rosa Eiseman	1		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no, or unknowo)	(If yes, give war or dates of service)	or (	HOSPITAL H	RECORDS		
		18. MEDICAL CE	RTIFICATION		1.	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		Chancia lease	acua dia	decin to	1011 4	
Immediat	e cause (a)	Chronic my	o car alay	Jourson	1094	
122 Anteceder	nt cause(s)	00. 1: 8	arterioso	00	10. +	
Diseases or	conditions, if any, (b) the above cause	penerargeor	androsc	2000040		
	inderlying cause last					
	(c)				1	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h. Parancio	1 Schiross	nema	20 yr	
19a. DATE OF OPE	RATION   19b. MAJOR I	FINDINGS OF OPERATION	0 /	1/3/5	20. AUTOPSY?	
					Yes No E	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (CO	OUNTY) (STATE)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
INJURY	m.	Work At work	. 14 //.			
22. I hereby cert	ify that I attended the				I last saw the deceased	
alive on	412 195 /, an	d that death occurred at.	m., from th	e causes and on the	date stated above.	
SIGNATURE	1000	(Degree or title)	ADDRESS	Towson.Y.	DATE SIGNED	
14.1	Vegin.	M. W. IHE:	SHEPPARD & ENC	CH PRATT HOS	PITAL 5/12/51	
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	1-10 1011	RY OR CREMATORY	LOCATION (City, town	or county) (State)	
Dunak	0/17/		reco- King	150aille	y usallo mal	
DATE REC'D BY	LOCAL REGISTRAR'S	1-1.0	21. FUNERAL DIRECT	leine 1	260 8	
		· · · · · · · ·		A CARALANA		

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

04685

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEAS	ED.	
COUNTY BALTO.	MARYLAND	STATE M D.		COUNTYBA	LTO.
CITY (If outside corporate limits, write RUR/ OR give nearest town) A TONS VIL	TEAMORIO OF THE TALL LA TA	CITY (If outside corpora OR TOWN CATA	to limits, write RUR.	AL and give near	rest town)
HOSPITAL OR	DEN RIDGE RD.	STREET ADDRESS 7/7	(If rural, give I		D.
3. NAME OF (First)  DECEASED (Type or Print)  TEAN	(Middle)	YEAGER	OF DEATH M	,	1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DEC. 6,1918	9. AGE last hirthday yrs.	Months. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. Citi	IZEM OF WHAT
13. FATHER'S NAME  TOHN KA	Y	14. MOTHER'S MAIDEN TESSICA		BORN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND TOHN W. YEA		ARDEN R	) G & 24.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION			ERVAL BETWEEN LET AND DEATH
Immediate cause (a)	Circussia of	Siver Secon	edany to	· · · · · · · · · · · · · · · · · · ·	mo.
190X Antecedent cause(s)	The land	Vietastasis	Princery	ta su.	3440
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Heneralia	& Watastein	a .	Jac Jac	700.
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing deat	h.				
19a. DATE OF OPERATION   19b. MAJOR B				20.	AUTOPSY?
				Ye	o No D
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	OWN) (	COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby certify that I attended the	e deceased from again	2, 1951, to Muy	3., 19.2.1, that	I last saw th	he deceased
alive on Carell, 1951, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the		above. TE SIGNED
7. Knilevity	· w.J.	2-14)	1. Kelton	st	5551.
23. BURIAL CREMATION DATE REMOVAL (Specify)  5-7-3	-1 BALTO.	VATIONAL	BALTO	•	(State) MD_
DATE REC'D BY LOCAL REGISTRAR'S REG. 5/7/5/	Varry	Searge A. Fa	1 . 7	nevelle	PRESS
, ,		//	• /		

Doctor
Will you please sign
+ leave in small box.
Will feels it up times wow.
Forley

MINES W.S.

#### CERTIFICATE OF DEATH

Reg. Dist. No. 3.2

, W. LOB ON DOARD	2. USUAL RESIDENCE (HOME) OF DECEASED.	
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	STATE COUNTY	
	Maryland Baltimo CITY (If outside corporate limits, write RURAL and giv	re
OR give nearest tower tonsville (in this place)	OR Catonsville	e nearest sown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 S. Rolling Road	STREET (If rural give location) ADDRESS 4 S. Rolling Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Type or Print)	(Last) 4. DATE (Month) OF DEATH May 11	(Day) (Year) 19 5:
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		Days   If under 24 hrs   Min.
I CMA 16   White   (Specify) Single  10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	Feb. 17, 1859   92 yrs.     11. BIRTHPLACE (State or foreign country)   12	. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Baltimore, Md.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob Yeisley	Elizabeth L. Springer	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Alexander P. Rusk - 128 Wo	odlawn Ave.
18. MEDICAL CE	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	()	INTERVAL BETWEEN ONSET AND DEATH
1. DISBASSIS ON CONDITIONS DINISORD ABBIDING	D Come / Ougeni	3 10 44 -
Immediate cause (a) Cryerro	con is winero promis	30000
mineurate cause	1	
Antecedent cause(s)	Lovis-	
Diseases or conditions, if any, (b)	**************************************	-0 -0 -0 0 -0 0 0 0 0 0 0 0 0 0 0 0 0 0
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
	2 7	
22. I hereby certify that I attended the deceased from Oleg	, 1950, to /kly // , 195, that I last s	aw the deceased
71/40 11 (1	40	
		ated above.  DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1 the ster July	20 E. Preston St.	
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
BEMOVAL (Specify) 5 - 14 - 51 Greenmount	Beltimore, Md.	
DATE RECO'BY LOCAL REGISTRAR'S SIGNATURE REG. 61.9.5.7. Registrar's SIGNATURE	John O.Mitchell & Sons, Inc1900	ADDRESS O Eutaw Place
THE VE	Balt	imore, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age